


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000095963 1. Entity Name BROWARD COUNTY DENTAL SURGERY, P.A.	
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Principal Place of Business 5181 N.E. 19TH AVENUE FT. LAUDERDALE, FL 33308	Mailing Address 5181 N.E. 19TH AVENUE FT. LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0632683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARKE, JOHN R 5181 N.E. 19TH AVENUE FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ U00000777408
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 01/10/08-80007-006 8.75

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000777408 01/10/08-80007-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CLARKE, JOHN R 5181 N.E. 19TH AVENUE FT. LAUDERDALE, FL 33308
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R. Clarke DMD **JOHN R. CLARKE** 1/5/08 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DMD 772-1305
Date Daytime Phone #