



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000021973 1. Entity Name ROBERT B. ZAVADA, D.D.S., P.A.	
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Principal Place of Business 1056 GOODLETTE ROAD SUITE 202 NAPLES, FL 34102 US	Mailing Address 1056 GOODLETTE ROAD SUITE 202 NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE

	
03062007	No Chg-P CR2E034 (11/05)
4. FEI Number 59-3435051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAVADA, ROBERT B
 1056 GOODLETTE ROAD
 SUITE 202
 NAPLES, FL 34102

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ZAVADA, ROBERT B 1056 GOODLETTE ROAD NAPLES, FL 34102
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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 of justice 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: *Robert B. Zavada*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____