


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # P98000047011
1. Entity Name
MARC V. CAUCHON, D.M.D., P.A.



Principal Place of Business: 14601 NW 140 ST. ALACHUA, FL 32616
Mailing Address: P.O. BOX 1478 ALACHUA, FL 32616

DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)
4. FEI Number: 59-3505778 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAUCHON, MARC V DMD
14601 NW 140 ST.
ALACHUA, FL 32616

DO NOT WRITE IN THIS SPACE

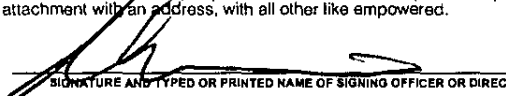
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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
UN00000627395
02/15/07-80059-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAUCHON, MARC V DMD
STREET ADDRESS	14601 NW 140 ST.
CITY-ST-ZIP	ALACHUA, FL 32616
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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:  2/7/07 386.418.3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #