2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 464774

1. Entity Name SPOTO, GERALD, D.D.S., P.A.

Principal Place of Business

5420 WEBB ROAD

STE A2

TAMPA. FL 33615

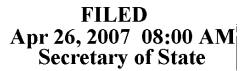
Mailing Address

5420 WEBB ROAD

STE A2

DO NOT WRITE IN THIS SPACE

TAMPA, FL 33615





04162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1560150 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPOTO, GERALD L. 7131 PELICAN ISLAND DR. TAMPA, FL 33615

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4-22.07

813-8843287

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_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	d Agent signature	equired when reinstating)	DATE	
						
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SPOTO, GERALD L. 7131 PELICAN ISLAND DR. TAMPA, FL 33634				•	
TITLE NAME STREET ADDRESS CITY-S1-24P	DR. SPOTO, MARSHALL 7926 W HILLSBOROUGH TAMPA, FL				U00000734394 05/09/07-80122-	-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITI	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	=
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		. pd	to.			
NAME STREET ADDRESS				.,		mar property of
CITY-ST-ZIP						. ,
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 empoyered 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.						