

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 474472

FILED
Jan 18, 2006
Secretary of State

Entity Name: PERIODONTAL ASSOCIATES OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

1614 W PLAZA DR
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1614 W PLAZA DR
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-1603028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLDOCK, WILLIAM T DDS
1614 W. PLAZA DR.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BALDOCK, WILLIAM T.
Address: 1614 W PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: COLON, WALTER E DMD
Address: 1614 W PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: COLON, WALTER E DMD
Address: 1614 W PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. BOLDOCK DDS

P

01/18/2006

Electronic Signature of Signing Officer or Director

Date