


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 586619	
1. Entity Name DENTAL ASSOCIATES, WAYNE H. KEHM, D.D.S., P.A.	

Principal Place of Business P.A. 4850 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713	Mailing Address P.A. 4850 FIRST AVENUE NORTH ST. PETERSBURG, FL 33713
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D1302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1860049	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent KEHM, WAYNE H. 4850 FIRST AVE. NORTH ST. PETERSBURG, FL 33713
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**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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when withdrawing)

DATE

Feb 16 06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PD KEHM, WAYNE H. 4850 FIRST AVE. NORTH ST. PETERSBURG, FL
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100000453101
03/18/06-80016-008 150.00

**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: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

owner x Feb 16 06 x 727 321 4850

Date

Daytime Phone