

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 588184

1. Entity Name
CHARLES A. D'AMICO, D.D.S., P.A.



Principal Place of Business
**3900 CLARK RD.
BLDG H, STE 5
SARASOTA, FL 34233 US**

Mailing Address
**3900 CLARK RD.
BLDG. H, SUITE 5
SARASOTA, FL 34233 US**



01222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1849943** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**D'AMICO, CHRLES A. D.D.S.
3900 CLARK RD.
BLDG H, STE 5
SARASOTA, FL 34233**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	PTD
NAME	D'AMICO, CHARLES A. DDS
STREET ADDRESS	2715 STICKNEY POINT RD.
CITY - ST - ZIP	SARASOTA, FL
TITLE	S
NAME	D'AMICO, CHARLES A.
STREET ADDRESS	3900 CLARK RD, BLDG H, STE 5
CITY - ST - ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/01/06-80035-010 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles A. D'Amico DDS 1-25-06 (941) 921-4943
CHARLES A. D'AMICO, DDS