
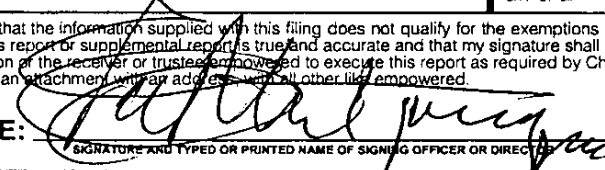


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90017 046 ***150.00

DOCUMENT # 596776 1. Entity Name EARL W. MONTGOMERY, D.D.S., P.A.					
Principal Place of Business 2601 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308			Mailing Address 2601 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308		
2. Principal Place of Business 3350 DRY CREEK DR		3. Mailing Address 3350 DRY CREEK DR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State TALLAHASSEE, FL		City & State 		4. FEI Number 59-1863912	
Zip 32309		Country LEON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTGOMERY, EARL W DDS. 2601 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3350 DRY CREEK DR City TALLAHASSEE FL Zip Code 32309		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTGOMERY, EARL W DDS 2601 CAPITAL MED. BLVD. TALLAHASSEE, FL 00000,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 2/17/06 Daytime Phone #		