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FILED
Mar 12, 2007 8:00 am
Secretary of State

02-22-2007 90022 002 ***150.00

PROFIT CORPORATION
...UAL REPORT (AR)

...NT # 600836

~~...LITVAK, D.D.S., P.A.~~

Allen L. Litvak, DDS, PA

66004844

1st MOORE CR2E034 (10/06)

...ncipal Place of Business	Mailing Address
6105 NORTH DAVIS HIGHWAY PENSACOLA FL 32504	6105 NORTH DAVIS HIGHWAY PENSACOLA FL 32504

2. Principal Place of Business - No P.O. Box #: 6105 N. Davis Hwy Suite, Apt. #, etc.	3. Mailing Address: Same Suite, Apt. #, etc.
City & State: Pensacola	City & State
Zip: 32504 Country: Escambia	Zip Country

4. FEI Number: 59-1233266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LITVAK, ALLEN L SR. 6105 NORTH DAVIS HIGHWAY PENSACOLA FL 32504	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] Sr. DDS 2/8/06

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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PS LITVAK, ALLEN L SR 6105 NORTH DAVIS HIGHWAY PENSACOLA FL 32504 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] Sr. DDS 850-477-9047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #