


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90028 044 ***158.75

DOCUMENT # 601500
 1. Entity Name
GARY R. WEIDER, D.M.D., P.A.



Principal Place of Business Mailing Address
2785 N.E. 183RD ST. **2061 S.W. 59 AVE**
SUITE 600 **PLANTATION FL 33317**
AVENTURA FL 33160



2. Principal Place of Business 3. Mailing Address
21355 E. Dixie hwy Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#105

1st MOORE CR2E034 (10/05)

City & State City & State
Aventura, FL

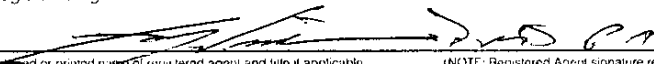
4. FEI Number Applied For
59-1273523 Not Applicable

Zip Country Zip Country
33180 **USA**

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

6. Name and Address of Current Registered Agent
WEIDER, GARY R., D.M.D.
2785 N.E. 183RD ST.
AVENTURA FL 33160

7. Name and Address of New Registered Agent
 Name **Weider, Gary R., D.M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
21355 E. Dixie hwy; #105
 City **Aventura** State **FL** Zip Code **33317**

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  DATE **3/12/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution:


10. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> Delete
NAME	WEIDER, GARY R.	
STREET ADDRESS	2785 N.E. 183RD STREET	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE **3/12/06** TELEPHONE # **305-935-2122**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)