

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT #601638 1. Entity Name JOHN A. BIRCHFIELD, D.D.S., P.A.	
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Principal Place of Business 4700 N. HABANA SUITE 703 TAMPA, FL 33614	Mailing Address 4700 N. HABANA SUITE 703 TAMPA, FL 33614
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1278751	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIRCHFIELD, JOHN A 4700 N HABANA TAMPA, FL 33614
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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 *John A Birchfield DDS* 1-24-06
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, 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 BIRCHFIELD, JOHN A DDS 4700 N HABANA #203 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BIRCHFIELD, JOHN A. 4700 N. HABANA, #703 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRCHFIELD, JOHN A. 4700 N. HABANA, #703. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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02/07/06-80022-006 150.00

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: *John A Birchfield DDS* 1-24-06 813-876-1321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #