

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90024 016 \*\*\*150.00

**DOCUMENT # 601729**

1. Entity Name  
**MELZER & MEANS, ORAL SURGERY GROUP, P.A.**



Principal Place of Business  
**1540 VENERA AVENUE**  
**CORAL GABLES, FL 33146**

Mailing Address  
**1540 VENERA AVENUE**  
**CORAL GABLES, FL 33146**

**60003185**



2. Principal Place of Business  
**1500 SAN REMO AVE**  
Suite, Apt. #, etc. **#150**

3. Mailing Address  
**1500 SAN REMO AVE**  
Suite, Apt. #, etc. **#150**

01062006 Chg-P CR2E034 (11/05)

City & State  
**CORAL GABLES, FL 33146**  
Zip **33146** Country

City & State  
**CORAL GABLES, FL 33146**  
Zip **33146** Country

4. FEI Number  
**59-1278931**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MELZER, CARL J.**  
**11220 S.W. 58TH CT.**  
**MIAMI, FL 33156**

**7. Name and Address of New Registered Agent**

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, 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  
**STP**  
**MELZER, CARL**  
**11220 SW 58 CT**  
**MIAMI, FL 33156** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD**  
**MEANS, WILLIAM**  
**940 ANDORA AVE**  
**CORAL GABLES, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**5841 SW 116<sup>th</sup> ST**  
**CORAL GABLES, FL 33156**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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CITY - ST - ZIP  
☐ Change ☐ Addition

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 #

**1/16/06** **305-**  
**667-1191**