2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 08:00 AM Secretary of State **DOCUMENT #602969** 1. Entity Name PARK L. WELDY, D.M.D., P.A. Principal Place of Business Mailing Address 811 - 40TH ST WEST 811 - 40TH ST WEST BRADENTON, FL 34205 BRADENTON, FL 34205 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1356915 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WELDY, PARK L DO NOT WRITE 811 40TH ST W BRADENTON, FL 34205 IN THIS SPACE 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) Signature, typed or printed name of registered agent and title if applicable U00000387162 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 01/19/06-80027-022 150.00 10. OFFICERS AND DIRECTORS TITLE WELDY, PARK L NAME STREET ADDRESS 811 40TH ST W CITY-ST-ZIP BRADENTON, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP T/T) F

12. I hereby certify that the information supplied with this filling 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 cath, 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: 1. W. L. Deldy Pres.
SIGNATURE AND TYPED ON FONTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

941-748-0236

FILED