


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 603770</b>		
1. Entity Name <b>M. ROBERT MACK D.D.S., P.A.</b>		
Principal Place of Business <b>2300 E. LAS OLAS BOULEVARD FT. LAUDERDALE, FL 33301</b>	Mailing Address <b>2300 E. LAS OLAS BOULEVARD FT. LAUDERDALE, FL 33301</b>	  01262006    No Chg-P    CR2E034 (11/05)  4. FEI Number <b>59-1420057</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MACK, M. ROBERT 2300 E. LAS OLAS BOULEVARD FT. LAUDERDALE, FL 33301</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  <div style="text-align: right;">1100000417810 02/13/06-80070-006 150.00</div>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div><b>PD MACK, M ROBERT 2300 SEA ISLAND DR FT LAUDERDALE, FL</b></div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div> <div> </div>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: <u><b>M. Robert Mack D.D.S.</b></u> <u><b>1-30-06</b></u> <u><b>954 4670303</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>		