2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #604018

1. Entity Name

HARRISON DENTAL ASSOCIATES, P.A.

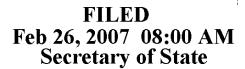


Principal Place of Business

1012 WEST 11TH STREET PANAMA CITY, FL 32401

Mailing Address

1012 WEST 11TH STREET PANAMA CITY, FL 32401





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01182007 No Chg-P CR2E034 (11/05)

•	rei Number	
	59-1466656	

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

N. FRANKLIN R.

HARRISON, FRANKLIN R. 406 MAGNOLIA AVENUE PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Register)	ed Agent signature	required when reinstaling)	DATE
		Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	03/07/07-80017 ⁵ 006 150.00
10.	OFFICERS AND DIREC	CTORS			<i>*</i>
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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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07 850-763-678)