

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90086 008 ***150.00

DOCUMENT # 604704 1. Entity Name DONALD M. KEENE, D.D.S. AND OSCAR MOREJON, D.M.D., P.A.					
Principal Place of Business 815 N NOVA ROAD DAYTONA BEACH FL 32117 US			Mailing Address 815 N NOVA RD DAYTONA BCH FL 32117 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1488568 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEENE, DONALD M 815 N NOVA RD DAYTONA BCH FL 32117			7. Name and Address of New Registered Agent Name MOREJON, OSCAR Street Address (P.O. Box Number is Not Acceptable) 815 N. NOVA ROAD City DAYTONA BEACH FL Zip Code 32117		
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 <u><i>Oscar Morejon</i></u> DATE <u>3/27/06</u> (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEENE, DONALD M. 815 N. NOVA RD. DAYTONA BEACH FL 32117 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MOREJON, OSCAR 815 N. NOVA ROAD DAYTONA BEACH FL 32117 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Oscar Morejon</i></u>			Date <u>3/27/06</u> Daytime Phone # <u>386-252-8508</u>		