

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605068

FILED  
Jan 23, 2006  
Secretary of State

**Entity Name:** NORMAN M. TRABULSY, D.D.S., P.A.

**Current Principal Place of Business:**

3755 TWENTIETH PLACE  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

2205 WINDING CREEK LN.  
FORT PIERCE, FL 34981 US

**New Mailing Address:**

2000 WINDING CREEK LN.  
FORT PIERCE, FL 34981 US

**FEI Number:** 59-1512699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRABULSY (NORMAN M.), DDS  
2205 WINDING CREEK LN.  
FT. PIERCE, FL 34981 US

**Name and Address of New Registered Agent:**

TRABULSY (NORMAN M.), DDS  
2000 WINDING CREEK LN.  
FT. PIERCE, FL 34981 US

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.

**SIGNATURE:** NORMAN M. TRABULSY DDS, PA

01/23/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** TRABULSY (NORMAN M.), ,DDS  
**Address:** 2205 WINDING CREEK LN.  
**City-St-Zip:** FORT PIERCE, FL 34981

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** TRABULSY (NORMAN M.), ,DDS  
**Address:** 2000 WINDING CREEK LN.  
**City-St-Zip:** FORT PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** NORMAN M. TRABULSY DDS, PA

PRES

01/23/2006

Electronic Signature of Signing Officer or Director

Date