2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2008 08:00 AN Secretary of State

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1. Entity Nam	ne . VAN OVERBEKE, D.M.D., I	ο Δ					
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Principal Plac	e of Business	Mailing Address					
5518 HANLE		5518 HANLEY ROAD		İ			
TAMPA, FL	33634	TAMPA, FL 33634					
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			Walter Control		of Status Desired	□ \$8.75 Add	litional
نسيدً الأشادة	6. Name and Address of Current R	egistered Agent			5 64	Fee Require	<u> </u>
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TAMPA, F	L 33614		3,000	IN 1	THIS SF	PACE	
}				Salata Andreas			
	named entity submits this statement for	the purpose of changing its regi	stered office or registe	red agent, or bot	th, in the State of Flo	orida. I am familiar with,	and accept
the obligat	tions of registered agent.						
SIGNATURE.							
	Signature, typed or printed name of registered agent er	nd title if applicable (NOTE: Reg	stered Agent signature required	d when reinstating)		DATE	
					Hagaaa		
	Signature, typed or printed name of registered agent as E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign F	inancing \$5	.00 May Be		0878765	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaign F Trust Fund Contribut	inancing \$5	.00 May Be			0.00
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #