2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 677732

1. Entity Name

ROBERT G. HICKS, D.D.S., M.S., P.A.



FILED Jul 24, 2006 08:00 AM Secretary of State

Principal Place of Business

3221 SOUTH CONWAY ROAD

SUITE D

ORLANDO, FL 32812-7364

Mailing Address

3221 SOUTH CONWAY ROAD

SUITE D

ORLANDO, FL 32812-7364



07102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2005653

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HICKS, ROBERT G. 3221 SOUTH CONWAY ROAD SUITE D ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its registered of	ffice 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	n if applicable (NOTE: Registered Age	ent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Election Campaign Financin Trust Fund Contribution.	9 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HICKS, ROBERT G. 3828 ROUSE ROAD ORLANDO, FL				U00000572012
TITLE NAME STREET ADDRESS CITY-ST-ZIP					07/25/06-80012-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				٠.	
TITLE NAME					•

12. I hereby certify that the information supplied with this filling 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 receivement 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 line ampowered.

SIGNATURE:

CITY-ST-ZIP

OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/00/06

417-275-5500

Daylime Phone #