

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**

**Feb 09, 2006 08:00 AM**  
**Secretary of State**



1st MOORE

CR2E034 (10/05)

|  |                      |                                 |  |  |                              |
|--|----------------------|---------------------------------|--|--|------------------------------|
| <b>DOCUMENT # F03268</b>   |                      |                                 |  |    |                              |
| 1. Entity Name<br>ARNOLD SIEGEL, D.D.S., P.A.  |                      |                                 |  |  |                              |
| Principal Place of Business<br>6427 LAKE WORTH ROAD<br>LAKE WORTH FL 33463   |                      |                                 | Mailing Address<br>6427 LAKE WORTH ROAD<br>LAKE WORTH FL 33463 |  |                              |
| 2. Principal Place of Business   |                      |                                 | 3. Mailing Address   |  |                              |
| Suite, Apt. #, etc.  |                      |                                 | Suite, Apt. #, etc.  |  |                              |
| City & State   |                      |                                 | City & State   |  |                              |
| Zip  | Country              | Zip                             | Country  | 4. FEI Number<br>59-2036175  |                              |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                      |                                 |  | Applied For<br>Not Applicable  |                              |
| 6. Name and Address of Current Registered Agent<br><br>SIEGEL, ARNOLD DDS<br>6427 LAKE WORTH RD.<br>LAKE WORTH FL 33463  |                      |                                 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                              |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)   |                      |                                 |  |  |                              |
| DATE _____   |                      |                                 |  |  |                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                      |                                 |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees           |                              |
| 10. OFFICERS AND DIRECTORS   |                      |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |  |                              |
| TITLE  | P                    | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   | SIEGEL, ARNOLD       |                                 | NAME   |  |                              |
| STREET ADDRESS   | 6427 W LAKE WORTH RD |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP  | LAKE WORTH FL        |                                 | CITY-ST-ZIP  |  |                              |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   |                      |                                 | NAME   |  |                              |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP  |                      |                                 | CITY-ST-ZIP  |  |                              |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   |                      |                                 | NAME   |  |                              |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP  |                      |                                 | CITY-ST-ZIP  |  |                              |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   |                      |                                 | NAME   |  |                              |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP  |                      |                                 | CITY-ST-ZIP  |  |                              |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   |                      |                                 | NAME   |  |                              |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP  |                      |                                 | CITY-ST-ZIP  |  |                              |
| TITLE  |                      | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Add |
| NAME   |                      |                                 | NAME   |  |                              |
| STREET ADDRESS   |                      |                                 | STREET ADDRESS   |  |                              |
| CITY-ST-ZIP  |                      |                                 | CITY-ST-ZIP  |  |                              |

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02/20/06-80024-011 150.00

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:**

*Arnold Siegel, D.D.S.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06  
Date

561-968-455  
Daytime Phone #