


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04679</b> 1. Entity Name GEAR & YAVORSKY, D.D.S., P.A.	
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<b>Principal Place of Business</b> 6323 CORPORATE COURT, SW SUITE A FT MYERS, FL 33919-3506 US	<b>Mailing Address</b> 6323 CORPORATE COURT, SW SUITE A FT MYERS, FL 33919-3506 US
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01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2036058	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GEAR, ROBERT D  
6323 CORPORATE COURT SW  
FORT MYERS, FL 33919-3506

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT GEAR, ROBERT D 6323 CORPORATE COURT SW FORT MYERS, FL 339193506
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD YAVORSKY, J. DENNIS 6323 CORPORATE CT SW FORT MYERS, FL 339193506
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**DO NOT WRITE  
IN THIS SPACE**

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

Robert D. Gear PVT

(239) 482-5311  
01/12/06

Date

Daytime Phone #