2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2006 08:00 AM Secretary of State

ANTOALI	TEI OITI	*		i	Sec	retary	y of State
DOCUMENT # F08470		6			200		, 01 20000
1. Enlity Name ROGER E. FREILICH, D.M.D., P.A.							
Principal Place of Business	Mailing Address						
1920 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409-3505 1920 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409-3505			05				
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DO NOT WRITE IN THIS SPACE			****	01062006	No Chg-P	CR2E034	<u> </u>
DO NOT WRITE	IN ITHIS	SPACI		4. FEI Number 59-205			Applied For Not Applicabl
					of Status Desired		8.75 Additional
6. Name and Address of Current Reg	istered Agent						ee Required
EBEILIOU BOGED E					NOTI	, 1 1 1	
FREILICH, ROGER E 1920 PALM BEACH LAKES BLVD WEST PALM BEACH, FL			DO NOT WRITE IN THIS SPACE				
		1					
The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and to					h, in the State of Fl		miliar with, and accept
Signature Typed or printed name or registered agent and t	tie it applicable (N	OFE Registered Age	ni signature required	when rainstating)		DATE	
File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Camp Trust Fund Co			00 May Be ed to Fees			
10. OFFICERS AND DIF	ECTORS				· · · · · · · · · · · · · · · · · · ·		
INILE PD NAME FREILICH, ROGER E STREET ADDRESS 1920 PALM BCH LAKES BLVD CITY-S1-2P W PALM BEACH FL,		i			00 <mark>00</mark> 00 -01711706	1380645 -80022-0	013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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NAME STREET ADDRESS		į		D0	NOT 14	/DITT	
CITY-ST-ZIP					NOT W		
TITLE NAME				IN T	THIS SI	PACE	
STREET ADDRESS							
CITY-SI-ZIP							
TITLE NAME		į					

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.

CICNATURE.

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Roger E Freilich

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