

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 08, 2008  
Secretary of State**

DOCUMENT# F26116

Entity Name: CHARLES A. TOMEO, D.D.S., P.A.

**Current Principal Place of Business:**

C/O CHARLES A. TOMEO  
1906-D 59TH STREET WEST  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CHARLES A. TOMEO  
1906-D 59TH STREET WEST  
BRADENTON, FL 34209

**New Mailing Address:**

FEI Number: 59-2084989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOMELO, CHARLES A., D.D.S.  
1906-D 59TH STREET, WEST  
BRADENTON, FL 34209      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: TOMEO, CHARLES A  
Address: 1906-D 59TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209 US

Title: VPD ( ) Delete  
Name: TOMEO, CHARLES C  
Address: 1906-D 59TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209

Title: SD ( ) Delete  
Name: TOMEO, RUTH  
Address: 1906-D 59TH STREET WEST  
City-St-Zip: BRADENTON, FL 34209

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A TOMEO

OWNE

07/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date



Oral and Maxillofacial Surgery Associates

CHARLES A. TOMEO, D.M.D.

CHARLES C. TOMEO, D.M.D.

July 15, 2008

TS 7/08/08

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 8700  
Tallahassee, FL 32314

To Whom It May Concern,

I am in receipt of this postcard where I have been dictated to that my corporation would be intent to dissolve. I have submitted a credit card to absolve this possible dissolution.

Having spoken with my CPA, Mr. Marty Yost, it would be very easy for you to recognize that I have been an honorable member of this corporation since 1980 and have routinely paid my annual fee. I do not believe I ever received a copy of the initial request for payment and the only copy I have received is this intent to dissolve. I contacted my accountant and, again, he said he was not in receipt of any postcards and dictated that I should write this letter in support of the fact that I have been an annual contributor to this fund in the Division of Corporations since 1980 and that possibly you would look favorably upon my track record and remove or reduce the penalty that was included in the \$550.00 that I paid towards this amount.

If there is any way that you might spare me the cost of the penalty or any amount thereof, I would greatly appreciate it due to the fact that I have no record of receiving the original postcard for the original payment. Thank you for your attention to this matter.

Respectfully,

Charles A. Tomeo, President  
Charles A. Tomeo, DDS, PA

Enc: copy of postcard  
Copy of payment receipt

Per conversation with Ms. Gloria Wieboldt on 7-30-08  
Please make refund check to Charles A. Tomeo, DDS, P.A. And  
Center for Minimally Invasive Guided Implant Surgery

1906D 59th Street West, Bradenton, FL 34209 / 941/792-0088 • Fax 941/792-4705  
1921 Waldemere Street, Suite 807, Sarasota, FL 34239 / 941/917-7700 • Fax 941/917-6230

mail to Address  
on letter in  
Bradenton, FL 34208