2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F46627

1. Entity Name
CARLOS D. LECROY D.D.S., FRANK DELGADO D.M.D.
AND CHRISTIAN KAMARIS D.M.D., M.S., P.A.

Principal Place of Business	Mailing Address
4031 WEST KENNEDY BLVD TAMPA, FL 33609	4031 WEST KENNEDY BLVD TAMPA, FL 33609

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01142008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2125188	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELGADO, FRANK
4031 W. KENNEDY BLVD
TAMPA, FL 33609

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7. 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000788443 01/18/08--80043--007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	DELGADO, FRANK
STREET ADDRESS	4031 W. KENNEDY BLVD.
CITY-ST-ZIP	TAMPA, FL
TITLE	DV
NAME	KAMRIS, CHRISTIAN
STREET ADDRESS	4031 W. KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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: _Frank Delgado_   Frank Delgado   1/15/08   813-2899809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #