_2006 FOR_PROFIT_CORPORATION = ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # F52850 02-16-2006 90041 011 ***150.00 1. Entity Name A.E. MACMENOMAY, D.D.S., P.A. Principal Place of Business Mailing Address C/O A.E. MACMENOMAY 1280 W. ŁANTANA RD., SUITE #3 LANTANA FL 33462 C/O A.E. MACMENOMAY 1280 W. LANTANA RD., SUITE #3 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. *, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2139379 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACMENOMAY, A.E. Street Address (P.O. Box Number is Not Acceptable) 1280 W. LANTANA RD., SUITE #3 LANTANA FL 33462 City 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 (NOTE: Registered Agent signature required when resistating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fee: 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change MACMENOMAY, A E NAME HAME STREET ADDRESS 1280 W LANTANA RD STE 3 STREET ADDRESS CITY-SI-7P LANTANA FL CITY-S1-ZIP Delete TITLE ☐ Change Addition MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7P DILE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defeta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P nnte ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 12. Thereby certify that the information supplied with this filing does not quality 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.

Mar 06, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

A.E. MACMENOMAY, D.D.S., P.A. C/O A.E. MACMENOMAY 1280 W. LANTANA RD., SUITE #3 LANTANA, FL 33462

Subject: A.E. MACMENOMAY, D.D.S., P.A.

Reference Number:

F52850

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION