


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F58047</b> 1. Entity Name HOWARD J. ACKERMAN, D.D.S., P. A.	
---	---

Principal Place of Business 8333 WEST MCNAB ROAD TAMARAC, FL 33321-4782 US	Mailing Address 8333 WEST MCNAB ROAD TAMARAC, FL 33321-4782 US
--	--

**DO NOT WRITE IN THIS SPACE**



03022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2146935	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

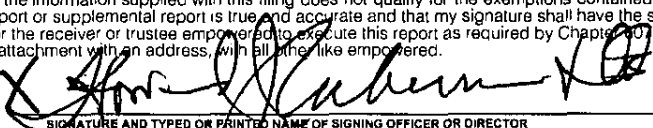
6. Name and Address of Current Registered Agent  SPIEGEL & ASSOCIATES, INC. 318 INDIAN TRACE # 502 WESTON, FL 33326	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	U00000929875 05/21/08-80089-021 150.00
---	---	---------------------------------------	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACKERMAN, HOWARD J 1301 SW 75TH AVENUE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, CAROL 1301 SW 75TH AVENUE PLANTATION, FL 33317
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	

**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 207, 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: 	Date: <b>4-25-08</b>	Daytime Phone #: <b>722-4030</b>