## 2007 FOR PROFIT CORPORATION .

FILED Feb 07, 2007 08:00 AN Secretary of State

ANNUAL REPURI					10007,2007 00.0		
DOCU	MENT # F96622			<u> </u>	Se	cretary of St	
	, and a state of	* *		<b>1</b>			
ROBERT	W. ASTLES, D.M.D., P.A.	* * * * * * * * * * * * * * * * * * * *	199	岁			
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Principal Plac	ce of Business M	ailing Address					
963 37TH PLACE 963 37TH PLACE						•	
VERO BEACH	1, FL 32960 US \	'ERO BEACH, FL 32960 U	IS				
DO NOT WRITE IN THIS SPAC					<u> </u>	!	
				04403007	01192007 No Chg-P CR2E034 (11/05)		
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L	O NOT WRITE II	1 ITIIS SEA	UL '	4. FEI Numb		Applied For Not Applicable	
		•			<del></del>	CO 75 A A (MI)	
, ,				5. Certificate	of Status Desired	Fee Required	
	6. Name and Address of Current Regis	tered Agent	_	•			
ASTLES, ROBERT W				DO	NOT WR	ITE	
963 37 PLACE						1 1	
VERO BCH, FL 32960				IN .	THIS SPA	CE	
9 The above	named entity submits this statement for the	purpose of changing its register	ed office or rea	istered agent, or bo	oth in the State of Florida	Lam familiar with, and accent	
	tions of registered agent.	outpose of criainging its register	ou conce or reg	istored agont, or be	in, in the clate of Florida	. Tam lamilar with, and accopt	
SIGNATURE.	·						
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registers	id Agent signature re	quired when reinstating)		DATE	
EII	.E NOW!!! FEE IS \$150.00	9. Election Campaign Final	ncing	\$5.00 May Be	1100000063	) <u>C</u> QQ <u>Q</u>	
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			\$5.00 May Be Added to Fees	02/14/07-80	!5338 1072-002   150 . 00		
10.	OFFICERS AND DIREC	CTORS	1			4 1	
TITLE	P					er gerinde i de geleg geben. Geografie	
NAME STREET ADDRESS	ASTLES, ROBERT W 963 37 PLACE			•	ı		
CITY-ST-ZIP	VERO BEACH, FL	•			,	1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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NAME	ASTLES, ANN						
STREET ADDRESS CITY-ST-ZIP	963 37 PLACE VERO BEACH, FL						
TITLE	VERO BERON, LE		1				
NAME							
STREET ADDRESS				DO	<b>NOT WR</b>	ITF	
CITY-ST-ZIP			-	,			
TITLE NAME				IN"	THIS SPA	CE	
STREET ADDRESS							
CITY-ST-ZIP			4	r	ų		
TITLE NAME			· .	à *			
STREET ADDRESS			1	•	The Paris of the Control of the Cont	the state of the state of	

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.

**SIGNATURE:** 

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 7724646306

Daytime Phone #