


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90050 012 ***150.00

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| DOCUMENT # F97000002611 1. Entity Name AESTHETIC & IMPLANT DENTISTRY OF NAPLES, INC. |  |
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| Principal Place of Business 3400 TAMiami TRAIL NORTH STE 301 NAPLES, FL 34103-3717 | Mailing Address 3400 TAMiami TRAIL NORTH STE 301 NAPLES, FL 34103-3717 P.O. BOX 7846 NAPLES, FL 34101 |
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DO NOT WRITE IN THIS SPACE



01142007 No Chg-P CR2E034 (11/05)

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|---|---|
| 4. FEI Number 52-1934565 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO MATTSCHER, MARCELO W DDS 535 TURTLE HATCH RD NAPLES, FL 34103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ARENA, DAWN M DDS 535 TURTLE HATCH RD NAPLES, FL 34103 |
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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: *Dan M. Amick* *[Signature]* 643-3143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #