## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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DOCU	IMENT # G60986			S	ecretary of	Sta	
1. Entity Nan	пе			1			
M. E. ST	EEN, D.D.S., P.A.						
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Principal Plac	ce of Business	Mailing Address	<u> </u>	-			
154 MCGRE	GOR ROAD	154 MCGREGOR ROAD					
DELAND, FL	. 32720	DELAND, FL 32720					
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	the first of the allegation was	a de la companya del companya de la companya del companya de la co	er en	5. Certificate of S	Status Desired	\$8:75 Additional	١.
	6. Name and Address of Current Re			<u> </u>	1 1		<del></del>
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	FL 32720		h to see				76
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			0.4				a Vigna
6. The above	e named entity submits this statement for the	e purpose of changing its register	red office or register	ed agent, or both, i	the State of Flo	rida. I am familiar with, and a	ccept
the obliga	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and t	the if temples the Children Decision	ad Agent signature required			DATE	_
	Signature, report of printed frame or registered significant	(NOTE: Register	au Agent signatura reduirad	(when reinstating)		···· ·- ·- · · ·	
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		.00 May Be	01 41000	)00788781 )8-80055-023 150	
After M	lay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	. □ Addı	ed to Fees	01/19/6	J8-80055-023 150	0.00
10.	OFFICERS AND DIF	ECTORS	1.		1, 61	\$ 100 P. S. S. 11	
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CITY-ST-ZIP			Section 1			MILE	<i>(</i> )
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			Harry Comments of the second		IIS SP		

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 additional statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP-

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 16 08

<u> 586-736-9966</u>

Daytime Phone #