2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G79629

1. Entity Name

STEVEN BOE, DMD, & STEPHEN PAGE, DMD, P.A.



Principal Place of Business

Mailing Address

% STEVEN A. BOE 4953 CASTELLO DRIVE NAPLES, FL 34103 US % STEVEN A. BOE 4953 CASTELLO DRIVE NAPLES, FL 34103 US

FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90354 047 ***150.00

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DO NOT WRITE IN THIS SPACE

03162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2374410

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOE, STEVEN A. 4953 CASTELLO DRIVE NAPLES, FL 34103

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.			9 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PAGE, STEPHEN B. 4953 CASTELLO DRIVE NAPLES, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BOE, STEVEN A. 4953 CASTELLO DRIVE NAPLES, FL		DO NOT WRITE IN THIS SPACE		
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TITLE NAME		1			

12. I hereby certify that the information supplied with this filing loss not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplimental 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 charged, or on an attachment with an address, with all affect like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #