

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28588

FILED
Apr 27, 2006
Secretary of State

Entity Name: LOUIS W. AVRIETT, DDS, P.A.

Current Principal Place of Business:

523 S. MAIN ST
WINDERMERE, FL 34786 US

New Principal Place of Business:

2560 S. MAGUIRE ROAD
OCOEE, FL 34761 US

Current Mailing Address:

P.O. BOX 402
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 59-2485960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUFFIELD, W. CHARLES
315 EAST ROBINSON STREET
SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SHUFFIELD, W. CHARLES
1000 LEGION PLACE
SUITE 1700
ORLANDO, FL 32801 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/27/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: AVRIETT, LOUIS W.,
Address: 523 SOUTH MAIN STREET
City-St-Zip: WINDERMERE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: AVRIETT, LOUIS W.,
Address: 2560 S. MAGUIRE ROAD
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS W. AVRIETT

Electronic Signature of Signing Officer or Director

P

04/27/2006

Date