

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State



DOCUMENT # H32728

1. Entity Name

**MICHAEL J. ADAMS D.D.S. AND PAMELA GOLASZ
 ADAMS S D.D.S., M.S., P.A.**

Principal Place of Business

**15 N. MISSOURI AVENUE
 CLEARWATER FL 34615**

Mailing Address

**15 N. MISSOURI AVENUE
 CLEARWATER FL 34615**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2471792**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, PAMELA GOLASZ
 15 NORTH MISSOURI AVE.
 CLEARWATER FL 34615**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ADAMS, PAMELA GOLASZ 401 BAYVIEW DR BELLEAIR FL 34615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ADAMS, MICHAEL J. 401 BAYVIEW DR BELLEAIR FL 34615 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 02/13/07-80073-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Pamela J. Adams DDS MS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-07

727 461 4832

Date

Daytime Phone #