


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H32728</b> 1. Entity Name <b>MICHAEL J. ADAMS D.D.S. AND PAMELA GOLASZ ADAMS S D.D.S., M.S., P.A.</b>	
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Principal Place of Business <b>15 N. MISSOURI AVENUE CLEARWATER FL 34615</b>	Mailing Address <b>15 N. MISSOURI AVENUE CLEARWATER FL 34615</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E034 (10/07)

4. FEI Number <b>59-2471792</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ADAMS, PAMELA GOLASZ 15 NORTH MISSOURI AVE. CLEARWATER FL 34615</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, PAMELA GOLASZ			NAME		000000818529	
STREET ADDRESS	401 BAYVIEW DR			STREET ADDRESS		02/15/08-80046-025 150.00	
CITY-ST-ZIP	BELLEAIR FL 34615			CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, MICHAEL J.			NAME			
STREET ADDRESS	401 BAYVIEW DR			STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR FL 34615			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 Adams*      2-4-08      727 461 4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #