


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # H67578

1. Entity Name
 RITA M. MEDWID, D.D.S., P.A.



Principal Place of Business Mailing Address

725 S.E. OSCEOLA ST 725 S.E. OSCEOLA ST
 STE 1 STE 1
 STUART, FL 34994 STUART, FL 34994



03262006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-2585735 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEDWID, RITA M. D.D.S.
 725 S.E. OSCEOLA STREET SUITE 1
 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

6. 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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

00000492468
 04/19/06-80066-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDWID, RITA 725 S.E. OSCEOLA STREET SUITE 1 STUART, FL 34994
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rita Medwid RITA MEDWID 3-31-06 772-287-23

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