

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H75516**

1. Entity Name  
PHILLIP ESTES, D.M.D., P.A.



Principal Place of Business  
38 SUNTREE PL #1  
MELBOURNE, FL 32940 US

Mailing Address  
38 SUNTREE PL #1  
MELBOURNE, FL 32940 US



02162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2580457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ESTES, PHILLIP  
38 SUNTREE PL #1  
MELBOURNE, FL 32940

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ESTES, PHILLIP
STREET ADDRESS	380 SUNTREE PL #1
CITY-ST-ZIP	MELBOURNE, FL 32940

TITLE	VP
NAME	FOWLER, MICHAEL S.
STREET ADDRESS	842 LAKE GEORGE DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940

TITLE	S
NAME	GROVER, ROBERT W.
STREET ADDRESS	1398 SILVER LAKE DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32608

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000512854  
04/29/06-80107-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #