

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90052 034 ***150.00

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

40001334



02012007 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 ☐ \$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, 2007 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	380SUNTREE 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	

**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 an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 2007 321-259-9511
Date Daytime Phone # ext 2