2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2007 08:00 A Secretary of State

DOCUMENT # J58480 1. Entity Name ASTA E. GRINIS, D.D.S., P.A.				Secretary of Sta
Principal Place of Business 8351 BLIND PASS RD 83706 US 83706 US				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			01052007 4. FEI Numb 59-265	
GRINIS, ASTA E., D.D.S. 135 58 AVE ST PETERSBURG BCH, FL 33706		-		NOT WRITE 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 site if applicable (NOTE. Registered Agent signature required when referabling) DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		ncing \$5.	00 May Be ed to Fees	U00000582290 01/11/07-80026-002 150.00
10. OFFICERS AND DIRE INTLE D GRINIS, ASTA STREET ADDRESS 8351 BLIND PASS RD CITY-ST-ZIP ST PETERSBURG BCH, FL 33706	CTORS			
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	,		
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12. I hereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE:

ASTA E.GRIWIS, DDS. 1.9.07 727.363.6169