

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2007 08:00 AM
Secretary of State

DOCUMENT # J77645 1. Entity Name UNIVERSITY DENTAL, INC.			
Principal Place of Business 1135 NW 23RD AVE. APT B GAINESVILLE, FL 32609 US		Mailing Address 1135 NW 23 AVE. APT B GAINESVILLE, FL 32609 US	
DO NOT WRITE IN THIS SPACE			
		01292007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2815891	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 GORDON, LEROY 1135 NW 23RD AVE STE. B GAINESVILLE, FL 32609		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    <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000634434 02/22/07-80010-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GORDON, LEROY 916 SW 115TH ST.TERRACE GAINESVILLE, FL 32607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GORDON, JUDY 916 SW 115TH ST. GAINESVILLE, FL 32607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 like empowered.			
SIGNATURE:  Judy Gordon		2-7-07 352-3778608	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	