



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # K11157 1. Entity Name GARY M. STEIN, D.D.S., P.A.		
Principal Place of Business 8150 ROYAL PALM BLVD. SUITE 102 CORAL SPRINGS, FL 33065	Mailing Address 8150 ROYAL PALM BLVD. SUITE 102 CORAL SPRINGS, FL 33065	
DO NOT WRITE IN THIS SPACE		 02102006 No Chg-P CRZE034 (11/05)
		4. FEI Number 65-0021384 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent STEIN, GARY M. 8150 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065		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 reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 000000441403 03/03/06-80033-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STEIN, GARY M. 8150 ROYAL PALM BLVD. #102 CORAL SPRINGS, FL 33065	
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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 if changed, or as an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>Gary M Stein</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2-15-06</u> <u>(954) 785-8003</u> <small>Date Daytime Phone #</small>