## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 8:00 am Secretary of State

Principal Place of Business   1265 UNIVERSITY DRIVE	DOCUMENT # K76751  1. Entity Name EDWARD W. METZGER JR., D.D.S., P.A.						04-14-2008	90053 0	37 ***15	50.00
Suite, Apt. #, etc.    Suite, Apt. #, etc.	1265 UNIVERSITY DRIVE		1265 UNIVERSITY DR	1265 UNIVERSITY DR						
City & State  Name  METZGAR, EDWARD W JR.  City & State  City & State  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City & FL  Zip Code  City & State Office or registered agent, or both, in the State of Florida. I am familiar with, and accept the belief of presented agent, or both, in the State of Florida. I am familiar with, and accept the belief of presented agent, or both, in the State of Florida. I am familiar with, and accept the belief of presented agent, or both, in the State of Florida. I am familiar with, and accept the belief of presented agent, or both, in the State of Florida. I am familiar with, and accept the belief of presented agent, or both, in the State of Florida. I am familiar with, and accept the belief of presented agent, or both, in the State of Florida. I am familiar with, and accept the belief of presented agent, or both, in the State of Florida. I am familiar with, and accept the belief of presented agent, or both, in the State of Florida. I am familiar with, and accept the belief of presented agent, or both, in the State of Florida. I am familiar with, and accept the belief	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
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Country	City & State		City & State			360	,	<del></del>		
Name    Name   N	Zip	Country	Žip	Count	гу	5. Certificate of	Status Desired			
Street Address (P.O. Box Number is Not Acceptable)    Correct Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered A	gent	
CORAL SPRINGS, FL 33071  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  STORMATURE  STORMATURE  FILE NOWITH FEE 18 \$150.00  After May 1, 2008 Fee will be \$550.00  After May 1, 2008 F	METZGAR, EDWARD W JR.									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	1265 UNIVERSITY DR				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature										
SIGNATURE Sometimen of registered agent.  FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					,				1 '	
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After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  11.	SIGNATURE.	Signiture, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered	Agent signature required	when reinstating)		DATE		<del></del>
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	P METZGAR, EDWARD W JR. 1265 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 S METZGAR, KIM 1265 UNIVERSITY DRIVE	☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	IT ADDRESS ST-ZIP  IT ADDRESS ST-ZIP	ADDITIONS/CI	HANGES TO OFFI		Change Change Change	Addition  Addition  Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: SIGNATURE AND TYPING OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR