2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2006
Secretary of State

DOCUMENT# L13030

Entity Name: DOUGLAS M. SELLECK, D.M.D., P.A.

Current Principal Place of Business:

4868 CORTEZ RD WEST
PINESBROOK DENTAL CENTER
BRADENTON, FL 34210 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14568
BRADENTON, FL 34280 US

New Mailing Address:

FEI Number: 65-0141321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELLECK, DOUGLAS M DMD
4308 2ND AVE. N.W.
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

SELLECK, DOUGLAS M DMD
1909 68TH ST. WEST
BRADENTON, FL 34209 US

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.

SIGNATURE: DOUGLAS M. SELLECK DMD 07/04/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SELLECK, DOUGLAS M DMD
Address: 4308 2ND AVE. N.W.
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SELLECK, DOUGLAS M DMD
Address: 1909 68TH ST. WEST
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS M. SELLECK PRES 07/04/2006
Electronic Signature of Signing Officer or Director Date