


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90014 030 \*\*\*150.00

<b>DOCUMENT # L29403</b>	
1. Entity Name <b>VINDRA MAHARAJ, D.D.S., P.A.</b>	

Principal Place of Business <b>1776 N PINE ISLAND ROAD STE 300 PLANTATION FL 33322 US</b>	Mailing Address <b>1900 NE 22ND TERRACE FORT LAUDERDALE FL 33305 US</b>
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2. Principal Place of Business <b>TOWNCARE DENTAL OF 4822 DAVIS BLVD. NAPLES, FL</b>	3. Mailing Address <b>Same as above</b>
City & State <b>NAPLES, FL</b>	City & State
Zip <b>34104</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/05)

4. FEI Number <b>65-0158864</b>	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 <b>MAHARAJ ROY, VINDRA 1900 NE 22ND TERRACE FT LAUDERDALE FL 33305</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P MAHARAJ-ROY, VINDRA 1900 NE 22ND TERR FT LAUDERDALE FL 33305</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Vindra Maharaj Roy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/06 (954) 568 4219**