


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L30205 1. Entity Name ALAN R. HEAP, D.M.D., P.A.	
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Principal Place of Business C/O ALAN R. HEAP, D.M.D. 2295 S. HIAWASSEE RD STE 216 ORLANDO, FL 32835	Mailing Address C/O ALAN R. HEAP, D.M.D. 2295 S. HIAWASSEE RD STE 216 ORLANDO, FL 32835
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01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2977900	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEAP, ALAN R. D.M.D. 2295 S. HIAWASSEE RD STE 216 ORLANDO, FL 32835
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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 <u>Alan R. Heap DMD</u>	<u>Alan R. Heap DMD</u>	<u>1-30-2007</u>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAP, ALAN R. D.M.D. 1630 MARINA LAKE DR KISSIMMEE, FL 34744
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<p>U00000631393 02/20/07-80045-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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 on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Alan R. Heap DMD</u>	<u>Alan R. Heap DMD</u>	<u>1-30-2007</u> <u>407-578-3734</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Telephone #</small>