

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L32267

**FILED  
Mar 05, 2007  
Secretary of State**

**Entity Name:** H.G. HOSSEINI, D.D.S., P.A.

**Current Principal Place of Business:**

1040 WESTON ROAD  
SUITE 225  
FT LAUDERDALE, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

1040 WESTON ROAD  
SUITE 225  
FT LAUDERDALE, FL 33326 US

**New Mailing Address:**

**FEI Number:** 65-0165775      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEGAL INFORMATION SERVICES, INC  
2500 WESTON RD.  
SUITE 404  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOSSEINI, H.G.,  
Address: 1040 WESTON RD #225  
City-St-Zip: FT LAUDERDALE, FL 33326 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: HOSSEINI, H.G.,  
Address: 1040 WESTON RD #225  
City-St-Zip: FT LAUDERDALE, FL 33326 US

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: HEATHER G HOSSEINI

DR.

03/05/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date