2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# L36570

Entity Name: DOUGLAS M. ADEL, D.D.S., P.A.

Current Principal Place of Business:

14211 NW 150TH AVE
P O BOX 2047
ALACHUA, FL 32615 US

New Principal Place of Business:

14211 NW 150TH AVE
ALACHUA, FL 32615 US

Current Mailing Address:

PO BOX 2047
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 59-2981898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADEL, LISA S MRS
151 SW 136TH ST
NEWBERRY, FL 32669 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: ADEL, DOUGLAS M.,
Address: 14211 NW 150TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: PST ( ) Delete
Name: ADEL, DOUGLAS M,
Address: P.O. BOX 2047
City-St-Zip: ALACHUA, FL 32616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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. ADEL DR. 02/01/2007
Electronic Signature of Signing Officer or Director Date