

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90065 048 ***150.00

DOCUMENT # L74920

1. Entity Name
CROWNING-TOUCH DENTAL STUDIO, INC.



Principal Place of Business
7522 WILES RD
109 B
CORAL SPRINGS, FL 33067 US

Mailing Address
7522 WILES RD
109 B
CORAL SPRINGS, FL 33067 US

40013100



2. Principal Place of Business - No P.O. Box #
10639 NW 48 ST
Suite, Apt. #, etc.

3. Mailing Address
10639 NW 48 ST
Suite, Apt. #, etc.

01272007 Chg-P CR2E034 (12/06)

City & State
CORAL SPRINGS, FL
Zip
33076 Country
USA

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CORAL SPRINGS, FL
Zip
33076 Country
USA

4. FEI Number
65-0204358 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IMBERMAN, SCOTT H.
7522 WILES RD
109-B
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name **SCOTT H. IMBERMAN**

Street Address (P.O. Box Number is Not Acceptable)

10639 NW 48 ST
City **CORAL SPRINGS FL** Zip Code **33076**

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 **Scott Imberman Pres.**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/27/07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMBERMAN, SCOTT H 7522 WILES RD 109 B CORAL SPRINGS, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	10639 NW 48 ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Scott Imberman Pres.** **SCOTT IMBERMAN** **1/27/07** **954-695-4907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #