2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 06, 2008 08:00 AN Secretary of State

| DOCUMENT # M86152 |
|-------------------------------|
| 1. Entity Name |
| MARK D. MELLMAN, D.D.S., P.A. |



Principal Place of Business

%MARK D. MELLMAN, D.D.S. 721 W ROBERTSON ST, #107B BRANDON, FL 33511 US Mailing Address

%MARK D. MELLMAN, D.D.S. 721 W ROBERTSON ST, #107B BRANDON, FL 33511 US



01242008

No Chg-P

CR2E034 (11/05)

FEI Number
 59-2895899

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

| MELLMAN, MARK D. 721 W. ROBERTSON ST. BRANDON, FL 33511 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, a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE | | | | | | |
|---|---|--|--|--|--|--|
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | Cing \$5.00 Added t | May Be o Fees | | |
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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: / Mul D. Mellman DOS | | / | 1-31-08 | 1813) 657-454 |
|--|---------------------|---|---------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING | OFFICER OR DIRECTOR | • | Date | Daytime Phone # |