


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000000821</b> 1. Entity Name <b>CENTRAL FLORIDA ORTHODONTIC STUDY GROUP, INC.</b>	
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Principal Place of Business <b>4014 W. ESTRELLA TAMPA, FL 33629</b>	Mailing Address <b>4014 W. ESTRELLA TAMPA, FL 33629</b>
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04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3618548</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ABDONEY, MICHAEL L 4014 W. ESTRELLA TAMPA, FL 33629</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

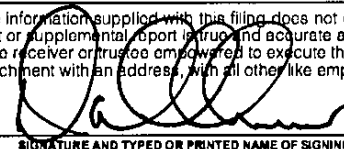
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000719054 05/01/07-80047-006 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD LEEVEY, DAVID L 9806 N 56TH ST TAMPA, FL 33617</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCOTT, GREGORY P 5110 S. LAKELAND DR LAKELAND, FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 617, 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:**  **4/16/07** **(813) 988-9136**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**David L. Leever**