

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90047 032 ****61.25

DOCUMENT # N00000000821 1. Entity Name CENTRAL FLORIDA ORTHODONTIC STUDY GROUP, INC.			
Principal Place of Business 4014 W. ESTRELLA TAMPA, FL 33629		Mailing Address 4014 W. ESTRELLA TAMPA, FL 33629	
2. Principal Place of Business - No P.O. Box # 9806 N. 56th Street		3. Mailing Address 9806 N. 56th Street	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Temple Terrace FL		City & State Temple Terrace, FL	
Zip 33617		Zip 33617	
Country Hillsborough		Country Hillsborough	
4. FEI Number 59-3618548		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABDONEY, MICHAEL L 4014 W. ESTRELLA TAMPA, FL 33629		7. Name and Address of New Registered Agent Name David L. Leever Street Address (P.O. Box Number is Not Acceptable) 9806 N. 56th Street City Temple Terrace FL Zip Code 33617	
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		DAVID L. Leever 5 Feb '08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LEEVEY, DAVID L 9806 N 56TH ST TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, GREGORY P 5110 S. LAKE LAND DR LAKE LAND, FL 33813 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:		DAVID L. Leever 5 Feb '08 (813) 988-9136 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
David L. Leever		<small>Date Daytime Phone #</small>	