

ANNUAL REPORT

DOCUMENT # N31227

1. Entity Name
HICKORY WOODS DENTAL CENTER, INC.FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90017 001 ****61.25

Principal Place of Business
2720 SOUTHEAST 17TH STREET
OCALA, FL 34471 USMailing Address
2720 SOUTHEAST 17TH STREET
OCALA, FL 34471 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3010245

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

TROW, CHESTER J.
445 N.E. 8TH AVE
SUITE 2
OCALA, FL 34470

7. Name and Address of New Registered Agent

Name
Chester J. TrowStreet Address (P.O. Box Number is Not Acceptable)
21 North MagnoliaCity
Ocala

FL

Zip Code
34471

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 _____ Address Only

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 20079. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME REED, R.R., JR.
STREET ADDRESS 2720 SE 17TH STREET
CITY-ST-ZIP Ocala, FL 34471TITLE STD ☐ Delete
NAME SEMESCO, STEPHEN C.
STREET ADDRESS 2710 SE 17TH STREET
CITY-ST-ZIP Ocala, FL 34471TITLE D ☐ Delete
NAME REED, ANN
STREET ADDRESS 2720 SE 17TH STREET
CITY-ST-ZIP Ocala, FL 34471TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-07

352-732514