2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P00000061917

1. Entity Name

MAURICE HEALEY, D.D.S., P.A.



Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

3805 STATE ROAD 64 E BRADENTON, FL 34208 Mailing Address

3805 STATE ROAD 64 E BRADENTON, FL 34208



DO NOT WRITE IN THIS SPACE

02142006 No Chg-P

CR2E034 (11/05)

FILED

4. FEI Number 65-1018881

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEALEY, MAURICE 3805 STATE ROAD 64E BRADENTON, FL 34208

DO NOT WRITE IN THIS SPACE

					,
the obligati	named entity submits this statement for the poons of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALEY, MAURICE 3805 STATE ROAD 64 E BRADENTON, FL 34208				
HITLE NAME SIREET ADDRESS CITY-SI-ZIP			- 1		U00000541264 05/10/06-80052-003 150.00
TITLE					05/10/06-80052-003 150.00
NAME					
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS			IN THIS SPACE		
CITA-21-SIb		_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20-06