

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000065083

1. Entity Name
KEVIN C. DEAN, D.M.D., P.A.



Principal Place of Business
4850 NORTH 9TH AVE
PENSACOLA, FL 32503

Mailing Address
4850 NORTH 9TH AVE
PENSACOLA, FL 32503



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3645431

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEAN, KEVIN C
4850 NORTH 9TH AVE
PENSACOLA, FL 32503

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000379638
01/10/06-80026-024 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME DEAN, KEVIN C
STREET ADDRESS 4850 NORTH 9TH AVE
CITY-ST-ZIP PENSACOLA, FL 32503

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/06

850-477-1125