

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068401

FILED  
Aug 07, 2006  
Secretary of State

Entity Name: JOSEPH M. KILMAN, D.M.D., P.A.

## Current Principal Place of Business:

1974 SR 44  
NEW SMYRNA BEACH, FL 32168 US

## New Principal Place of Business:

1974 SR 44, UNIT 12  
NEW SMYRNA BEACH, FL 32168 US

## Current Mailing Address:

728 NEAL STREET  
NEW SMYRNA BEACH, FL 32168 US

## New Mailing Address:

1214 COMMODORE DR  
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-3659081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARKIN, MARSHALL H ESQ  
149-P SOUTH RIDGEWOOD AVE STE 710  
DAYTONA BEACH, FL 32114 US

## Name and Address of New Registered Agent:

KILMAN, JOSEPH M DMD  
1214 COMMODORE DR  
NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: JOSEPH M KILMAN, DMD

08/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KILMAN, JOSEPH M DMD  
Address: 728 NEAL STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: V ( ) Delete  
Name: KILMAN, ANITA M  
Address: 728 NEAL STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: T ( ) Delete  
Name: KILMAN, AARON  
Address: 6367 FAIRWAY COVER DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: S ( ) Delete  
Name: KILMAN, MIKE E  
Address: 242 GARY AVE  
City-St-Zip: OAKHILL, FL 32725

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KILMAN, JOSEPH M DMD  
Address: 1214 COMMODORE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: V (X) Change ( ) Addition  
Name: KILMAN, ANITA M  
Address: 1214 COMMODORE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. KILMAN, DMD

P

08/07/2006

Electronic Signature of Signing Officer or Director

Date