

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000071588

1. Entity Name
DENTAL ASSOCIATES AT WALDEN WOODS, INC.



Principal Place of Business
512 E ALEXANDER ST
PLANT CITY, FL 33563

Mailing Address
512 E ALEXANDER ST
PLANT CITY, FL 33563



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3664561 | 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

JACKSON, ANTHONY
512 E ALEXANDER ST
PLANT CITY, FL 33563

**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 reconstituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | S |
| NAME | VALDEZ, H R |
| STREET ADDRESS | 3006 LAKE ALLEN DR. |
| CITY-STATE-ZIP | TAMPA, FL 33618 |

| | |
|----------------|----------------------|
| TITLE | P |
| NAME | JACKSON, ANTHONY |
| STREET ADDRESS | 3003 FOREST HAMMOCK |
| CITY-STATE-ZIP | PLANT CITY, FL 33566 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | JACKSON, BETTY |
| STREET ADDRESS | 3003 FOREST HAMMOCK |
| CITY-STATE-ZIP | PLANT CITY, FL 33566 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | SHORT, R R |
| STREET ADDRESS | 2320 N WALDEN PL. |
| CITY-STATE-ZIP | PLANT CITY, FL 33566 |

| | |
|----------------|---------------------|
| TITLE | D |
| NAME | VALDEZ, CYNTHIA |
| STREET ADDRESS | 3006 LAKE ALLEN DR. |
| CITY-STATE-ZIP | TAMPA, FL 33618 |

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | SHORT, CINDY |
| STREET ADDRESS | 2320 N WALDEN PL. |
| CITY-STATE-ZIP | PLANT CITY, FL 33566 |

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01/17/06-80035-009 150.00

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IN THIS SPACE**

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: H. Randolph Valdez Scady 1-9-06 813-752-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #