


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3664561	Applied For 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
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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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALDEZ, H R 3006 LAKE ALLEN DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, ANTHONY 3003 FOREST HAMMOCK PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, BETTY 3003 FOREST HAMMOCK PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORT, R R 2320 N WALDEN PL. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDEZ, CYNTHIA 3006 LAKE ALLEN DR. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORT, CINDY 2320 N WALDEN PL. PLANT CITY, FL 33566

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U000000739997
05/14/07-80049-020-150.00

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 H. Randolph Valdez Sec'y 4/23/07 813.752-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #