

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90004 041 ***150.00

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| DOCUMENT # P00000105792 1. Entity Name MIRROR IMAGE DENTISTRY, DMD, PA | | | | | |
| Principal Place of Business 2140 BISPHAM ROAD SARASOTA, FL 34231 | | | Mailing Address 2140 BISPHAM ROAD SARASOTA, FL 34231 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03072007 Chg-P CR2E034 (12/06) | |
| Zip | | Country | | 4. FEI Number 65-1055844 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233 | | | Name <u>NULTY, CLAUDIA</u> Street Address (P.O. Box Number is Not Acceptable) <u>8533 EAGLE PRESERVE WAY</u> City <u>SARASOTA</u> <u>FL</u> Zip Code <u>34241</u> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NULTY, AMY | | NAME | | |
| STREET ADDRESS | 8533 EAGLE PRESERVE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34241 | | CITY-ST-ZIP | | |
| TITLE | VPS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NULTY, LESLIE | | NAME | | |
| STREET ADDRESS | 8533 EAGLE PRESERVE WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34241 | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>3/23/07</u> Daytime Phone # <u>941-929-4332</u> | | |