## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # P0100000 E. s. kanter dmd, p.a.	3189				05-05-2008 9	90261 040 ***15	0.00	
Principal Plac	e of Business	Mailing Address			4,000	-			
6720 LAKE OSPREY DR SARASOTA, FL 34240		16528 N. DALE MABRY HWY TAMPA, FL 33618							
				•					
Principal Place of Business - No P.O. Box #				• . •			<b>  [</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182008	Chg-P	CR2E034 (12/06)	)	
City & State		City & State			4. FEI Number 65-1065		} <del></del>	pplied For lot Applicable	
Zip	Country	Zip	Count	try	5. Certificate of	f Status Desired	S8.75 Ac Fee Requir		
	6. Name and Address of Curren	t Registered Agent			7. Name and A	Address of New R	egistered Agent		
SANDERS, WALTER				Name Street Address (	e t Address (P.O. Box Number is Not Acceptable)				
16528 N. DALE MABRY HWY TAMPA, FL 33618				Sueet Address (	F.O. BOX NUMBER	is Not Acceptable	····		
		*		City			FL Zip Co	de	
8 The shove	named entity submits this statement	or the purpose of changing its	rogintor	od office or registe.		is the Chats of Ele	FL		
the obligat	tions of registered agent.	or the purpose of changing its	registere		ed agent, or both	i, in the State of Flo	orida. Tam tamiliar with	, and accept	
CIOLIATION	Matter Simpors	[]/a	ואצאן י	Sande	125		4/30/08		
SIGNATURE	Signature, typed or printed name of registered egen	t and title if applicable. (NOT	E: Registered	d Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campai Trust Fund Contr		icing \$5	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTOR	RS IN 11	
TITLE	P		TITLE		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTOR	RS IN 11	
TITLE NAME	P KANTER, MICHAEL S	DIRECTORS	TITLE		ADDITIONS/C	CHANGES TO OFFI			
TITLE	P	DIRECTORS	TITLE NAME STREE		ADDITIONS/C	HANGES TO OFFI			
TITLE NAME STREET ADDRESS	P KANTER, MICHAEL S 6720 LAKE OSPREY DR	DIRECTORS	TITLE NAME STREE	ET ADDRESS -ST-ZIP	ADDITIONS/C	CHANGES TO OFFI			
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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: Michael Kunter Michael Kunter	4/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Deytime Phone #