

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031186

FILED
Jan 14, 2007
Secretary of State

Entity Name: MESSICK FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

840 DUNLAWTON AVE.
SUITE C
PORT ORANGE, FL 32124

Current Mailing Address:

840 DUNLAWTON AVE.
SUITE C
PORT ORANGE, FL 32124

New Principal Place of Business:

840 DUNLAWTON AVE.
SUITE C
PORT ORANGE, FL 32127

New Mailing Address:

840 DUNLAWTON AVE.
SUITE C
PORT ORANGE, FL 32127

FEI Number: 59-3714467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSICK, SCOTT T
840 DUNLAWTON AVE.
PORT ORANGE, FL 32124 US

Name and Address of New Registered Agent:

MESSICK, SCOTT T
840 DUNLAWTON AVE.
PORT ORANGE, FL 32127 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:

01/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MESSICK, SCOTT T
Address: 2119 SPRINGWATER LANE
City-St-Zip: DAYTONA BEACH, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SCOTT T. MESSICK

D

01/14/2007

Electronic Signature of Signing Officer or Director

Date