2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 15, 2006 8:00 am Secretary of State **DOCUMENT # P01000031497** 02-15-2006 90024 033 ***150.00 MIDPOINT DENTISTRY, P.A. Principal Place of Business Mailing Address 100015442 5150 MASON CORBIN CT. 5150 MASON CORBIN CT. FT. MYERS, FL 33907 FT. MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1089607 65-1089407 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAZQUEZ, STEVEN 100 N. TAMPA ST. Street Address (P.O. Box Number is Not Acceptable) 2700 TAMPA, FL 33602 City Zip Code FL 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. Signature, typed or privited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$450:00m After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTOR ACH 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition TITLE ☐ Change FAVALLI, OLÎVER NAME 15200 BLACKHAWK DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL:33912 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ппе ☐ Delete TITI F Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DT/F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. ULIVERNAVALLI 02/14/06 N SIGNATURE: Daytime Phone

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512-416-9453

P. 1

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97953-573-01056-1 SB 10338 261

Department of the Treasury
Internal Revenue Service
ATLANTA GA 39901

Date of the Taxpayer
Taxpayer
Form:

Date of this notice: Taxpayer Identifying Number Form: JULY 16, 2001 .65-1089407

Tax Period:

For assistance you may call us at:

1-800-829-1040

MIDPOINT DENTISTRY P A 5150 MASON CORBIN CT FT MYERS FL 33907-7521508 Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF TRECEMBER IS ACCEPTED: THE ELECTION IS EFFECTIVE BEGINNING MAR. 27, 2001, SUBJECT TO THE VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers,	a second IRS employee sometimes listens in on
telephone calls.	Overlay 5 Form 8489 (Rev.8-91)
Keen this part for your records	, <i>,</i> , , ,

Return this part to us with your check or inquiry

Your telephone number

Best time to call

200127

07953-573-01056-1

INTERNAL REVENUE SERVICE ATLANTA GA 39901

MIDPOINT DENTISTRY P A 5150 MASON CORBIN CT FT MYERS FL 33907-7521508

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