

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000051853

Entity Name: FOWLER DENTAL STUDIO, INC.

**FILED**  
**Oct 23, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

808 E. OCEAN BLVD.  
SUITE B  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

808 E. OCEAN BLVD.  
SUITE B  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 65-1108032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER, HARVEY J  
808 E OCEAN BLVD STE B  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FOWLER, HARVEY J  
Address: 10571 SW LANDS END PL.  
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Delete  
Name: FOWLER, TAWNYA M  
Address: 10571 SW LANDS END PL  
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Delete  
Name: CHAPMAN, JOYCE E  
Address: 1409 ALPINE ST., SE  
City-St-Zip: DECATUR, AL 35603

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: CHAPMAN, JOYCE E  
Address: 1409 ALPINE ST., SE  
City-St-Zip: DECATUR, AL 35603

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOYCE E CHAPMAN

PRES

10/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date