2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AM Secretary of State **DOCUMENT # P01000058666** CAROLEE O. HORVATH, D.M.D., P.A. Principal Place of Business Mailing Address 4371 S HWY 27 4371 S HWY 27 C-15 CLERMONT, FL 34711 CLERMONT, FL 34711 CR2E034 (11/05) No Chg-P 04192006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3735392 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Reculred 6. Name and Address of Current Registered Agent HORVATH, CAROLEE O 15866 PINE LILY COURT DO NOT WRITE CLERMONT, FL 34711 IN THIS SPACE 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. (NOTE Registered Agent argusture required when reinstating) Signature, typed or printed name of registered agent and title if approable Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS HORVATH, CAROLEE O MAME STREET ADDRESS 15866 PINE LILY CT U00000529203 CHY-ST-ZIP CLERMONT, FL 34711 05/05/06-80068-005 150.00 TITLE NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 cath; that I am an officer or director of the corporation of 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 officer like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED