

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90105 017 ***150.00

DOCUMENT # P01000071491					
1. Entity Name EUGENE Y. RHEE, D.D.S., P.A.					
Principal Place of Business 3 PINE CONE DRIVE SUITE 108 PALM COAST, FL 32137			Mailing Address 3 PINE CONE DRIVE SUITE 108 PALM COAST, FL 32137		
2. Principal Place of Business 7 BOULDER ROCK DR Suite, Apt. #, etc. SUITE 3		3. Mailing Address 7 BOULDER ROCK DR. Suite, Apt. #, etc. SUITE 3			
City & State PALM COAST, FL		City & State PALM COAST, FL		4. FEI Number 59-3732254	
Zip 32137		Country U.S.A.		Applied For Not Applicable	
Zip 32137		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHEE, EUGENE Y 3 PINE CONE DRIVE SUITE 108 PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name <u>RHEE, EUGENE Y.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7 BOULDER ROCK DR.</u> <u>SUITE 3</u> City <u>PALM COAST</u> <u>FL</u> Zip Code <u>32137</u>		
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 <u>EUGENE RHEE</u> DATE <u>2/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHEE, EUGENE Y 3 PINE CONE DRIVE PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHEE, EUGENE Y 7 BOULDER ROCK DR. #3 PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>EUGENE RHEE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/21/06</u> Daytime Phone # <u>386-446-9050</u>		