

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90009 042 ***158.75

DOCUMENT # P01000075490 1. Entity Name LAWRENCE D. MARGOLIS, D.D.S., P.A.			
Principal Place of Business 27501 SOUTH DIXIE HWY 300 NARANTA, FL 33032		Mailing Address 27501 SOUTH DIXIE HWY 300 NARANTA, FL 33032	
2. Principal Place of Business 1638 Egret RD <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1638 Egret RD <small>Suite, Apt. #, etc.</small>	
City & State Homestead, FL Zip 33035 Country DADE		City & State Homestead FL Zip 33035 Country DADE	
4. FEI Number 22-3821113		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIS, LAWRENCE D DDS 27501 SOUTH DIXIE HWY HOMESTEAD, FL 33032		7. Name and Address of New Registered Agent Name MARGOLIS, LAWRENCE D DDS Street Address (P.O. Box Number is Not Acceptable) 1638 Egret Rd City Homestead FL Zip Code 33035	
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>Lawrence D Margolis DDS</u> (LAWRENCE D MARGOLIS DDS) <u>3/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</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 DPST <input type="checkbox"/> Delete NAME MARGOLIS DDS, LAWRENCE STREET ADDRESS 27501 S DIXIE HWY CITY-ST-ZIP NARANJA, FL 33032	TITLE DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MARGOLIS DDS, Lawrence STREET ADDRESS 1638 Egret Rd CITY-ST-ZIP Homestead, FL 33035		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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>Lawrence D Margolis DDS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/15/06</u> <u>305-247-6986</u> <small>Date Daytime Phone #</small>	

LAWRENCE D MARGOLIS DDS