2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# P01000108829

Entity Name: BEACHSIDE DENTAL ASSOCIATES, INC.

Current Principal Place of Business:

5070 N A1A, STE. E
VERO BEACH, FL 329631229

New Principal Place of Business:

5070 N A1A
SUITE E
VERO BEACH, FL 32963 12

Current Mailing Address:

5070 N A1A, STE. E
VERO BEACH, FL 329631229

New Mailing Address:

5070 N A1A
SUITE E
VERO BEACH, FL 32963 12

FEI Number: 65-1153316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUOT, RICHARD A DDS
5070 N A1A, STE. E
VERO BEACH, FL 329631229 US

Name and Address of New Registered Agent:

HUOT, RICHARD A DDS
5070 N A1A
SUITE E
VERO BEACH, FL 329631229 US

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: RICHARD A. HUOT, DDS 04/09/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HUOT, RICHARD A
Address: 5070 N A1A, STE. E
City-St-Zip: VERO BEACH, FL 329631229

Title: D ( ) Delete
Name: HUOT, JOANNE E
Address: 8776 WEST ORCHID ISLAND CIRCLE
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: HUOT, PATRICK J
Address: 8776 WEST ORCHID ISLAND CIRCLE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RICHARD A. HUOT, DDS PRES 04/09/2006
Electronic Signature of Signing Officer or Director Date