


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90001 035 ***150.00

DOCUMENT # P01000116830 1. Entity Name ERIC W. BAXMANN, DDS, P.A.	
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Principal Place of Business 15650 SAN CARLOS BLVD FT MYERS, FL 33908	Mailing Address P.O. BOX 08010 FT MYERS, FL 33908
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50024878



07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0003800	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAXMANN, ERIC W 15650 SAN CARLOS BLVD FT MYERS, FL 33908

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

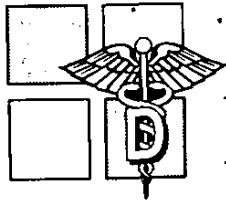
In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDS BAXMANN, ERIC W 15650 SAN CARLOS BLVD FT MYERS, FL 33908
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Eric W Baxmann Eric W Baxmann 8/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT 50024878
Southwest Florida # P01000116830
DENTAL GROUP

P. O. Box 08010
15650 San Carlos Boulevard
Fort Myers, Florida 33908
239-489-1118

Carmen J. Aulino, D.D.S.

David G. Carlton, D.D.S.

Eric W. Baxmann, D.D.S.

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

July 28, 2006

Dear Sirs:

As requested by your department, I am writing to inform you that I did not receive the Notice of Intent to Dissolve postcard until July 5, 2006. Please note the date printed on the Divisions of Corporations 2006 Annual Report. This report was downloaded immediately upon the arrival of your postcard. Along with this report I have included a payment of \$150.00, hopefully you will find this to be satisfactory. Thank you for your time and cooperation.

Sincerely,

Eric W. Baxmann, D.D.S.



ATTACHMENT
50024878
Division of Corporations

2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P01000116830
Business Entity Name	ERIC W. BAXMANN, DDS, P.A.
Original File Date	12/07/2001

FEI Number 30-0003800
Principal Address 15650 SAN CARLOS BLVD
FT MYERS, FL 33908
Mailing Address P.O. BOX 08010
FT MYERS, FL 33908
Registered Agent ERIC W BAXMANN
15650 SAN CARLOS BLVD
FT MYERS, FL 33908 US

Officer/Director Name And Address

DDS
ERIC W BAXMANN
15650 SAN CARLOS BLVD
FT MYERS, FL 33908

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received. Rec'd 7-5-06

If all of the above
information is correct and
you do not wish to make
any changes, please
select:

No Changes

If you need to make
changes to the above
information, please
select:

Make Changes