2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000017308

1. Entity Name

LESLIE CELESTINA, D.D.S., P.A.

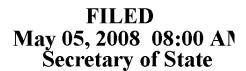


Principal Place of Business

37 RYANT BLVD SEBRING, FL 33872-4075 Mailing Address

37 RYANT BLVD

SEBRING, FL 33872-4075





DO NOT WRITE IN THIS SPACE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04242008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 01-0601566 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CELESTINA, LESLIE DDS 37 RYANT BLVD SEBRING, FL 33872-4075

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4-20-08.

Date

Daylime Phone #

the obligat	ions of registered agent.				1
SIGNATURE					
Signature, typed or priviled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ,					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financi Trust Fund Contribution.				\$5.00 May Be Added to Fees	!!00000040FF0
10. OFFICERS AND DIRECTORS					
TITLE	D				00/02/00_00000_015 120*12
NAME	CELESTINA, LESLIE DDS				
STREET ADDRESS	37 RYANT BLVD				·
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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 supplementar 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 trusted 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.					

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