

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90025 039 ***150.00

DOCUMENT # P02000055388

1. Entity Name
ORTHODONTIC EDUCATION COMPANY



Principal Place of Business
**5000 SAWGRASS VILLAGE CIRCLE
SUITE 28
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**5000 SAWGRASS VILLAGE CIRCLE
SUITE 28
PONTE VEDRA BEACH, FL 32082**

4011401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272007

Chg-P

CR2E034 (12/06)

4. FEI Number

~~92-0016244~~ 30-0081359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**CEOD
LAZZARA, GASPER
5000 SAWGRASS VILLAGE CIRCLE, SUITE 28 J
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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:

Marc Fraga **MARC FRAGA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/07

Date

904-567-1408

Daytime Phone #