

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060265

Entity Name: CROSS CITY DENTAL, PA

FILED  
Jan 16, 2007  
Secretary of State

## Current Principal Place of Business:

117 NE HWY 351  
CROSS CITY, FL 32628

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2059  
CROSS CITY, FL 32628

## New Mailing Address:

FEI Number: 32-0016657

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHYSICIAN ADVISORY GROUP  
500 NW 43RD STREET  
STE. 3  
GAINESVILLE, FL 32607 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: HENRY, STEPHEN M  
Address: 117 NE 351 HWY  
City-St-Zip: CROSS CITY, FL 32628

Title: MRS ( ) Delete  
Name: HENRY, ANGELA G  
Address: 117 NE 351 HWY  
City-St-Zip: CROSS CITY, FL 32628

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: STEPHEN HENRY

DR

01/16/2007

Electronic Signature of Signing Officer or Director

Date