

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000102514

Entity Name: LANA'S DENTAL CARE, PA

FILED
Feb 13, 2007
Secretary of State

Current Principal Place of Business:

2515 NORTHBROOK PLAZA DRIVE
SUITE 100
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2515 NORTHBROOK PLAZA DRIVE
SUITE 100
NAPLES, FL 34119

New Mailing Address:

FEI Number: 32-0035687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALALENKO, SVETLANA
2242 CAMPESTRE TERRACE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

TALALENKO, SVETLANA
2242 CAMPESTRE TERR.
NAPLES, FL 34119 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:

02/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TALALEKNO, SVETLANA
Address: 2242 CAMPESTRE TERRACE
City-St-Zip: NAPLES, FL 34119

Title: T (X) Delete
Name: TALALENKO, SERGEI
Address: 2242 CAMPESTRE TERRACE
City-St-Zip: NAPLES, FL 34119

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: SVETLANA TALALENKO

P

02/13/2007

Electronic Signature of Signing Officer or Director

Date