## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000103828

Entity Name: MERRITT ISLAND DENTAL CENTER, P.A.

FILED Apr 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 325-M E MERRITT 1ST CSWY 325-M E MERRITT ISLAND CSWY MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 **Current Mailing Address: New Mailing Address:** 1685 EAST CENTRAL AVENUE MERRITT ISLAND, FL 32952 FEI Number: 52-2379457 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DORSEY, MICHELLE M 1685 EAST CENTRAL AVENUE MERRITT ISLAND, FL 32952 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition Title: ( ) Delete DORSEY, MICHELLE M Name: Name:

1685 EAST CENTRAL AVENUE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 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 Statutés. 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: MICHELLE M DORSEY DR. 04/24/2007