

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000113194

1. Entity Name  
MCILWAIN FAMILY DENTISTRY, PA



Principal Place of Business  
4710 N HABANA AVE STE 203  
TAMPA, FL 33614

Mailing Address  
4710 N HABANA AVE STE 203  
TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12122006 Chg-P CR2E034 (11/05)

4. FEI Number  
81-0579150

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCILWAIN, LEIGH ANN DMD  
4710 N HABANA AVE STE 203  
TAMPA, FL 33614

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 reappointing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MCILWAIN, LEIGH ANN DMD  
STREET ADDRESS 4710 N HABANA AVE STE 203  
CITY - ST - ZIP TAMPA, FL 33614

TITLE D ☐ Delete  
NAME MCILWAIN, JAMES E DDS MSD  
STREET ADDRESS 4710 N HABANA AVE STE 203  
CITY - ST - ZIP TAMPA, FL 33614

TITLE D ☐ Delete  
NAME CHAIRAMONTE, MICHAEL  
STREET ADDRESS 4710 N HABANA AVE STE 203  
CITY - ST - ZIP TAMPA, FL 33614

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY - ST - ZIP ☐ Delete

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY - ST - ZIP ☐ Delete

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 300082549113  
STREET ADDRESS 12/14/06--01042--004 \*\*61.25  
CITY - ST - ZIP

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

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

TITLE ☐ Change ☒ Addition  
NAME D. Michael McIlwain, Michael DMD  
STREET ADDRESS 4710 N Habana Ave suite 203  
CITY - ST - ZIP Tampa FL 33614

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

Leigh Ann McIlwain, DMD (813) 879-8097  
12-12-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2006 DEC 14 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

