

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**

2007 OCT -8 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118903 1. Entity Name LEADING EDGE DENTAL, PA	
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Principal Place of Business 10601 US HWY 441 SUITE C1-B LEESBURG, FL 34788	Mailing Address 190 W ARTESIA ST OVIEDO, FL 32765
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07192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0659173	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VAZIRI, ALI 190 W ARTESIA ST OVIEDO, FL 32765	DO NOT WRITE IN THIS SPACE
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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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VAZIRI, ALI 190 W ARTESIA ST OVIEDO, FL 32765
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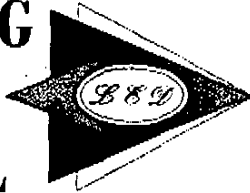
600109959466
09/26/07--01034--016 **150.00**DO NOT WRITE
IN THIS SPACE**

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: [Signature] Jan 23 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1018 aw

**LEADING
EDGE
DENTAL**



Florida Department of State
Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314

September 21, 2007

Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314

Document Number: P02000118903

To Whom It May Concern:

On January 23, 2007 we issued you a check for \$150.00 check number 15144, which you will find enclosed, but we filed online. To my dismay I didn't know we weren't suppose to file online and pay on online. I have enclosed a new check with the copy of the filing of the Annual report for 2007,

Sincerely,

Glenna Amburgey,
For Dr. Ali Vaziri