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

Principal Place of Business	Mailing Address
10601 US HWY 441 SUITE C1-B LEESBURG, FL 34788	190 W ARTESIA ST OVIEDO, FL 32765

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	VAZIRI, ALI
STREET ADDRESS	190 W ARTESIA ST
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

10 8 ap

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

Glenna Amburgey,
For Dr. Ali Vaziri

www.leadingdental.com
16860 U.S. HWY 441 • MT. DORA, FL 32757 • (352) 383-7040 • FAX (352) 383-7825
10601 U.S. HWY. 441, SUITE C-1B • LEESBURG, FL 34788 • (352) 365-6442 • FAX (352) 365-8332