2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# P03000015853

Entity Name: MARVIN R. DOMONDON, D.M.D., P.A.

Current Principal Place of Business:

515 EAST ALTAMONTE DRIVE, SUITE 1022
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

515 EAST ALTAMONTE DRIVE, SUITE 1022
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

515 EAST ALTAMONTE DRIVE, SUITE 1022
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

515 EAST ALTAMONTE DRIVE, SUITE 1022
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 45-0500602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAMRICK, ALEX H ESQ.
315 EAST ROBINSON STREET, SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HAMRICK, ALEX H ESQ.
1000 LEGION PLACE, SUITE 1700
P.O. BOX 1010
ORLANDO, FL 32802 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: ALEX H. HAMRICK, ESQ. 01/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DOMONDON, MARVIN R D.M.D.
Address: 515 EAST ALTAMONTE DRIVE, SUITE 22
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DOMONDON, MARVIN R D.M.D.
Address: 515 EAST ALTAMONTE DRIVE, SUITE 1022
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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: MARVIN R. DOMONDON, DMD D 01/06/2006
Electronic Signature of Signing Officer or Director Date