


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000025307 1. Entity Name DESIGNER DENTAL, P.A.	
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Principal Place of Business 6225 MNF SE/ TFCSDH QM44986	Mailing Address 6225 MNF SE/ TFCSDH QM44986
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIVINGSTON, ROBERT E
445 SOUTH COMMERCE AVE.
SEBRING, FL 33870

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNUNEN, OLIVER A 5114 LIME RD. SEBRING, FL 33875
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100067974671
03/16/06--01020--011 **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:  **OLIVER KINNUNEN**
PRESIDENT
Date: 2-21-06 863-465-990
Daytime Phone #