

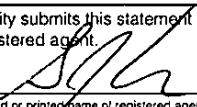
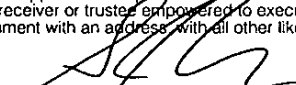


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90018 031 ***150.00

DOCUMENT # P03000029388 1. Entity Name STEPHEN J CWIKLA, D.M.D., P.A.					
Principal Place of Business 7391 COMMERCIAL WAY BROOKSVILLE, FL 34613 US			Mailing Address 7391 COMMERCIAL WAY BROOKSVILLE, FL 34613 US		
2. Principal Place of Business 3670 Henderson Blvd Suite, Apt. #, etc. Suite B City & State Tampa FL Zip 33609		3. Mailing Address 3670 Henderson Blvd Suite, Apt. #, etc. Suite B City & State Tampa FL Zip 33609			
02022006 Chg-P CR2E034 (11/05)				4. FEI Number 65-1180444	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CWIKLA, STEPHEN J 7391 COMMERCIAL WAY BROOKSVILLE, FL 34613			7. Name and Address of New Registered Agent Name Stephen J Cwikla Street Address (P.O. Box Number is Not Acceptable) 3670 Henderson Blvd Suite B City Tampa FL Zip Code 33609		
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 2/8/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CWIKLA, STEPHEN J 7391 COMMERCIAL WAY BROOKSVILLE, FL 34613	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stephen J Cwikla 3670 Henderson Blvd Ste B Tampa FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			2/8/06 813 957 7581		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		