2007 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Feb 02, 2007 08:00 AN			
1. Entity Nam	MENT # P030000293 N J CWIKLA, D.M.D., P.A.			Secr	etary of Sta	te	
	e of Business ERSON BLVD STE B 33609 US	Mailing Address 3670 HENDERSON BLVD STE TAMPA, FL 33609 US	3				
C	OO NOT WRITE	CE	01292007 4. FEI Numbe 65-118	No Chg-P	CR2E034 (11/05)	ed For	
3670 HEN	6. Name and Address of Current Re STEPHEN J DERSON BLVD STE B /ILLE, FL 34613	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the tions of registered agent. Signature, typed or princed name of registered agent and		d Agent signature required		h, in the State of Flo	rida. I am familiar with, and	accept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI	TECTURS		.	0000000 02/07/07-{ NOT W ΓΗΙS SP)0
TITLE			1				

12. I hereby certify that the information supplied with this filling 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 by 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 smoothered 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: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR