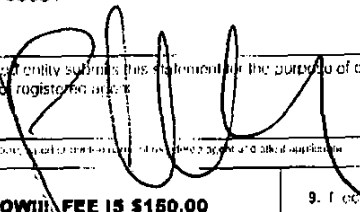


Apr-28-06 12:49P

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90235 023 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000037836																										
1. Entity Name: PLANTATION DENTAL ARTS ASSOCIATES, P.A.																										
Principal Place of Business: 300 NW 70TH AVENUE SUITE 104 PLANTATION, FL 33317		Mailing Address: 300 NW 70TH AVENUE SUITE 104 PLANTATION, FL 33317																								
2. Principal Place of Business: Suite, Apt. #, etc.		3. Mailing Address: Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip																								
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																								
SALOMONE, MICHAEL 7880 WEST OAKLAND PARK BLVD. SUITE 300 SUNRISE, FL 33351		40082404  04262006 Chg-P CR2E034 (11/05) 4. FID Number: 47-0915474 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Name and Address of New Registered Agent																								
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.		9. I certify Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 199, Florida Statutes. I further certify that the information indicated on this report is supplied in full and 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 incorporator. I am 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:  SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																										