FILED
Jul 21, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000038813

1. Entity Name
FLORIDA MOBILE DENTAL, INC.

Principal Place of Business	Mailing Address
5030 S HWY 17-92 CASSELBERRY, FL 32707	5030 S HWY 17-92 CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE

07142006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1687898

☐ Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DRAKE, DANIEL H
5030 S HWY 17-92
CASSELBERRY, FL 32707

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.

U00000571701
07/21/06--00009--011 150.00

SIGNATURE _____ DATE
If applicable, type or print name of the above agent pertaining to applicable NOTE: Registered agent's signature required when reinstating

FILE NOW!!! FEE IS $160.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DRAKE, DANIEL H
STREET ADDRESS	5030 S HWY 17-92
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 attached amendment, or added, with all other like empowered.

SIGNATURE: X Daniel H. Drake, D.D.S. 7-18-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #