


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90036 033 ***150.00

DOCUMENT # P03000039047					
1. Entity Name APOPKA DENTAL ART, P.A.					
Principal Place of Business 2438 E. SEMORAN BLVD APOPKA, FL 32703			Mailing Address 2438 E. SEMORAN BLVD APOPKA, FL 32703		
2. Principal Place of Business - No P.O. Box # 1706 East Semoran Blvd.		3. Mailing Address 1706 E. Semoran Blvd.			
Suite, Apt. #, etc. #106		Suite, Apt. #, etc. #106			
City & State Apopka, Fla.		City & State Apopka, Fla.			
Zip 32703		Country Orange		4. FEI Number 35-2201945	
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 SY TANGCO, LYNE T D.D.S. 2438 E. SEMORAN BLVD APOPKA, FL 32703			7. Name and Address of New Registered Agent		
Name SY TANGCO, LYNE T D.D.S. 2438 E. SEMORAN BLVD APOPKA, FL 32703			Street Address (P.O. Box Number is Not Acceptable)		
City Apopka, Fla. 32703			City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PSTD SY-TANGCO, LYNE T D.D.S. 2438 E. SEMORAN BLVD APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Sy Tangco, Lyne T. DDS 1706 East Semoran Blvd. #106 Apopka, FL 32703	<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: _____			Date _____ Daytime Phone # _____		