2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043007

Entity Name: SZOTT DENTAL GROUP, P.A.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5724 HANSEL AVENUE 5510 KENMORE LANE ORLANDO, FL 32809 ORLANDO, FL 32839

Current Mailing Address: New Mailing Address:

5724 HANSEL AVENUE 5510 KENMORE LANE ORLANDO, FL 32809 5510 KENMORE LANE ORLANDO, FL 32839

FEI Number: 32-0073361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SZOTT, PAUL DR.
5724 HANSEL AVE
ORLANDO, FL 32809 US
SZOTT, PAUL DR.
5510 KENMORE LANE
ORLANDO, FL 32839 US

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.

SIGNATURE: PAUL SZOTT 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. () Delete Title: DR. (X) Change () Addition

 Name:
 SZOTT, PAUL
 Name:
 SZOTT, PAUL

 Address:
 5724 HANSEL AVE
 Address:
 5510 KENMORE LANE

 Address:
 5724 HANSEL AVE
 Address:
 5510 KENMORE LANE

 City-St-Zip:
 ORLANDO, FL 32809
 City-St-Zip:
 ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SZOTT DR 04/29/2008