


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90436 048 ***150.00

DOCUMENT # P03000056545	
1. Entity Name RESTORATIVE & ESTHETIC DENTISTRY, P.A.	

Principal Place of Business 8230 S. TAMiami TRAIL SARASOTA, FL 34238	Mailing Address 8230 S. TAMiami TRAIL SARASOTA, FL 34238
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 19797 Suite, Apt. #, etc.
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City & State SARASOTA FLORIDA	City & State SARASOTA FLORIDA
Zip 34276	Country U.S.

04202006 Chg-P CR2E034 (11/05)

4. FEI Number 74-3091836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHAPNICK, BRUCE P C/O ICARD, MERRILL, CULLIS, TIMM, FUREN 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name MICHAEL J. QUICKER, ESQ Street Address (P.O. Box Number is Not Acceptable) 7061 S. TAMiami TRAIL SUITE 106 City SARASOTA FL Zip Code 34231	
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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 <i>Michael J. Quicker, Esq</i> DATE 21-APR-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SMITH, KEITH S 8230 S. TAMiami TRAIL SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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: <i>Keith S. Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/21/06 Daytime Phone # 941 966 5669