## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Apr 30, 2007 08:00 A Secretary of State **DOCUMENT # P03000060128** 1. Entity Name DEBORAH L. SIMPKINS, D.M.D., P.A. Principal Place of Business Mailing Address 3212 GULF GATE DRIVE 3212 GULF GATE DRIVE SARASOTA, FL 34231 SARASOTA, FL 34231 04252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 20-0027226 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SIMPKINS, DEBORAH L 3212 GULF GATE DR SARASOTA, FL 34231 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SIMPKINS, DEBORAH L NAME 637 CRANE PRAIRIE WAY STREET ADDRESS OSPREY, FL 34229 CITY-ST-ZIP 000000740<u>57</u>6 TITLE 05/14/07-80073-004-150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY-ST-7IP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP