2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065296

FILED Jan 05, 2006 Secretary of State

Entity Name: MARTIN AND JACOBSON ORTHODONITCS, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	VIVERSITY AV	E		
STE E SAINESVI	LLE, FL 32607			
Current M	ailing Addres	s:	New Mailing Address	s:
7575 W UI	NIVERSITY AV	E		
STE E GAINESVI	LLE, FL 32607			
	02-2244370	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
9269 SW 3	DAWN L DMD, BOTH LANE	MS		J
9269 SW 3 GAINESVI The above n the State	BOTH LANE LLE, FL 32608 named entity see of Florida.	MS US	ourpose of changing its registered	d office or registered agent, or both,
9269 SW 3 GAINESVI The above	BOTH LANE LLE, FL 32608 named entity se of Florida. RE:	MS US ubmits this statement for the p		d office or registered agent, or both,
0269 SW 3 GAINESVI The above n the State BIGNATUI	named entity se of Florida. RE: Electron	MS US		
2269 SW 3 GAINESVI The above In the State BIGNATUI	named entity se of Florida. RE: Electron	MS US ubmits this statement for the place of Registered Age Trust Fund Contribution ().	ent	
2269 SW 3 GAINESVI The above In the State BIGNATUI	named entity set of Florida. RE: Electron Inpaign Financing B AND DIRECT PT ()	MS US ubmits this statement for the place of Registered Agric Signature of Registered Agric Trust Fund Contribution (). FORS: Delete PAGE DDS, MS ANE	ent	Date

I hereby certify that the information supplied with this filing does not qualify for the 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: DAWN L. MARTIN, DMD, MS VS 01/05/2006