

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078631

FILED
Jul 24, 2006
Secretary of State

Entity Name: CRAIG M. MISCH, D.D.S., M.D.S., P.A.

Current Principal Place of Business:

5741 BEE RIDGE ROAD
#220
SARASOTA, FL 34233

New Principal Place of Business:

120 SOUTH TUTTLE AVENUE
SARASOTA, FL 34237

Current Mailing Address:

5741 BEE RIDGE ROAD
#220
SARASOTA, FL 34233

New Mailing Address:

120 SOUTH TUTTLE AVENUE
SARASOTA, FL 34237

FEI Number: 20-0082542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MISCH, CRAIG M DDS
5741 BEE RIDGE ROAD
#220
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

MISCH, CRAIG M DDS
120 SOUTH TUTTLE AVENUE
SARASOTA, FL 34237 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: CRAIG M. MISCH, DDS, MDS, PA

07/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MISCH, CRAIG M DDS
Address: 5741 BEE RIDGE ROAD #220
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MISCH, CRAIG M DDS
Address: 120 SOUTH TUTTLE AVENUE
City-St-Zip: SARASOTA, FL 34237

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: CRAIG M. MISCH, DDS, MDS, PA

DR.

07/24/2006

Electronic Signature of Signing Officer or Director

Date