2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000139532

1. Entity Name
PEDIATRIC DENTISTRY OF NEW TAMPA, INC.

Principal Place of Business	Mailing Address
8709 HUNTERS GREEN DRIVE SUITE 200 TAMPA, FL 33647 US	8709 HUNTERS GREEN DRIVE SUITE 200 TAMPA, FL 33647 US

000000763727
05/30/07-80026-029 550.00

02192007 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0135325
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, MARTA M DMD
8709 HUNTERS GREEN DRIVE
SUITE 200
TAMPA, FL 33647

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: X _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	RIVERA, MARTA M
STREET ADDRESS	8709 HUNTERS GREEN DR., SUITE 200
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X _____ X _____ X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #