

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90125 023 ***150.00

DOCUMENT # P03000154845

1. Entity Name
HARBORSIDE DENTAL ASSOCIATES, P.A.



Principal Place of Business
99 NESBIT ST
PUNTA GORDA, FL 33950

Mailing Address
99 NESBIT ST
PUNTA GORDA, FL 33950

20022254



2. Principal Place of Business
522 E. Marion Ave
Suite, Apt. #, etc.
Suite 131 3rd Floor

3. Mailing Address
Suite, Apt. #, etc.

03072006 Chg-P CR2E034 (11/05)

City & State
Punta Gorda FL
Zip
33950

City & State
Country

4. FEI Number
20-0891967

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLMES, DAVID A ESQ
99 NESBIT ST
PUNTA GORDA, FL 33950

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT MOENNING, DANIEL K MD 7130 SCARLET SAGE CT PUNTA GORDA, FL 33955 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MOENNING, MICHELLE W 7130 SCARLET SAGE CT PUNTA GORDA, FL 33955 | <input type="checkbox"/> Delete |
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06
Date

9415759200
Daytime Phone