

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013185

FILED
Apr 30, 2006
Secretary of State

Entity Name: DILLON ORTHODONTIC CARE, P.A.

Current Principal Place of Business:

% BRUCE P. CHAPNICK, ESQ.
2033 MAIN STREET SUITE 600
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

% BRUCE P. CHAPNICK, ESQ.
2033 MAIN STREET SUITE 600
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 83-0387018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

GARMAN, KIM
553 S W MAGNOLIA LANE
FORT WHITE, FL 32038 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: KIM GARMAN

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DILLON, MICHAEL L
Address: 27970 CROWN LAKE BLVD STE 2
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DILLON, MICHAEL L
Address: 27970 CROWN LAKE BLVD SUITE 2
City-St-Zip: BONITA SPRINGS, FL 34135

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: MICHAEL DILLON

DR

04/30/2006

Electronic Signature of Signing Officer or Director

Date