


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90221 040 \*\*\*150.00

<b>DOCUMENT # P04000018475</b>	
1. Entity Name RORY SPEARING D.D.S. P.A.	

Principal Place of Business 3101 N FEDERAL HWY STE 201 FT LAUDERDALE, FL 33306	Mailing Address 3101 N FEDERAL HWY STE 201 FT LAUDERDALE, FL 33306
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00002885



2. Principal Place of Business 1990 N. FEDERAL HWY Suite, Apt. #, etc.	3. Mailing Address 258 SEMINOLE AVE Suite, Apt. #, etc. SUITE APT. 2
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03132006 Chg-P CR2E034 (11/05)

City & State POMPAHO BEACH FL	City & State PALM BEACH FL
Zip 33062	Zip 33480
Country U.S.	Country U.S.

4. FEI Number 47-0936954	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPEARING, RORY 3101 N FEDERAL HWY STE 201 FT LAUDERDALE, FL 33306
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7. Name and Address of New Registered Agent Name RORY SPEARING DDS Street Address (P.O. Box Number is Not Acceptable) 1990 N. FEDERAL HWY City POMPAHO BEACH FL Zip Code 33062
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SPEARING, RORY 3101 N FEDERAL HWY STE 201 FT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rory Spearing DDS Date March 14 2006 Daytime Phone # 561 543 6860