


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000020502</b> 1. Entity Name ERICA N. ELANNAN, DDS, PA	
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Principal Place of Business 2510 US 1 SOUTH SUITE B ST AUGUSTINE, FL 32086 US	Mailing Address 2510 US 1 SOUTH SUITE B ST AUGUSTINE, FL 32086 US
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**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0664351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ELANNAN, ERICA N  
100 ST AUGUSTINE SOUTH DRIVE  
SUITE B  
ST AUGUSTINE, FL 32086

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 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	P ELANNAN, ERICA N 100 ST AUGUSTINE SOUTH DRIVE STE B ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUSSALLEM, MADALYN 100 ST AUGUSTINE SOUTH DRIVE STE A ST AUGUSTINE, FL 32086
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03/13/08-80017-009 150.00

**DO NOT WRITE  
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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:**  **2-28-08** **904-797-6154**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #