

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000022787

Entity Name: LAMBERT A F P DENTAL CORP

FILED  
Mar 29, 2007  
Secretary of State

**Current Principal Place of Business:**

7061 C S TAMiami TRAIL  
SARASOTA, FL 34231

**New Principal Place of Business:**

5123 CARDIFF DR  
HOLIDAY, FL 34690

**Current Mailing Address:**

7061 C S TAMiami TRAIL  
SARASOTA, FL 34231

**New Mailing Address:**

5123 CARDIFF DR  
HOLIDAY, FL 34690

FEI Number: 55-0857277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAGY, ATTILA L  
7061 C S TAMiami TRAIL  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

NAGY, ATTILA L  
5123 CARDIFF DR  
HOLIDAY, FL 34690 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:

03/29/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NAGY, ATTILA L  
Address: 7061 C S TAMiami TRAIL  
City-St-Zip: SARASOTA, FL 34231

Title: V ( ) Delete  
Name: KOVACS-NAGY, ERIKA  
Address: 5123 CARDIFF DR  
City-St-Zip: HOLIDAY, FL 34690

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: NAGY, ATTILA L  
Address: 5123 CARDIFF DR  
City-St-Zip: HOLIDAY, FL 34690

Title: VP (X) Change ( ) Addition  
Name: KOVACS-NAGY, ERIKA  
Address: 5123 CARDIFF DR  
City-St-Zip: HOLIDAY, FL 34690

I hereby certify that the information supplied with this filing does not qualify 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: ATTILA NAGY

P

03/29/2007

Electronic Signature of Signing Officer or Director

Date