


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000022787</b>	
1. Entity Name <b>LAMBERT A F P DENTAL CORP</b>	

Principal Place of Business <b>5123 CARDIFF DR HOLIDAY, FL 34690</b>	Mailing Address <b>5123 CARDIFF DR HOLIDAY, FL 34690</b>
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>55-0857277</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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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, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000781429 01/15/08-80034-009 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NAGY, ATTILA L 5123 CARDIFF DR HOLIDAY, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOVACS-NAGY, ERIKA 5123 CARDIFF DR HOLIDAY, FL 34690
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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:** *Erika Kovacs-Nagy* **Erika Kovacs-Nagy** 1/10/08 7279927972

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