

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90043 030 ***150.00

DOCUMENT # P04000090166
 1. Entity Name
 SAUL H. HERMAN, D.D.S., P.A.



Principal Place of Business Mailing Address
 6702 N UNIVERSITY DR 6702 N UNIVERSITY DR
 TAMARAC, FL 33321 TAMARAC, FL 33321

40007395



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 6702 N University DR Suite, Apt. #, etc. Suite, Apt. #, etc.

01242007 Chg-P CR2E034 (12/06)

City & State City & State
 TAMARAC FL

4. FEI Number Applied For
 20-1233846 Not Applicable

Zip Country Zip Country
 33321

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HERMAN, SAUL H
 6702 N UNIVERSITY DR
 TAMARAC, FL 33321

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HERMAN, SAUL H 6702 N UNIVERSITY DR TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the like empowered.

SIGNATURE: _____ 1/29/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #