2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000101695 MARC A. SIEGEL, D.D.S., P.A. Mailing Address Principal Place of Business **4287 FOXTAIL LANE** 4287 FOXTAIL LANE WESTON, FL 33331 ß ... WESTON, FL 33331 CR2E034 (11/05) 02242006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 29-1459950 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Rogistered Agent SIEGEL, STEPHEN S DO NOT WRITE 7411 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014 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 age March 20, 2006 (NOTE Hogistored Agent signature required when reinstating) 000000479008 04/08/06-88827-018 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fe 10 OFFICERS AND DIRECTORS ព្រះ SIEGEL, MARC A NAME 4287 FOXTAIL LANE STREET ADDINESS CITY -ST - Z)P WESTON, FL 33331 HILE SIEGEL, MARC A NAME STREET ADDRESS 4287 FOXTAIL LANE CITY-SI- BP WESTON, FL 33331 TREA SIEGEL, MARC A MARK STREET ADURESS 4287 FOXTAIL LANE DO NOT WRITE CITY-ST-21P WESTON, FL 33331 TITLE. IN THIS SPACE NAMI STREET ADDRESS CITY-ST-2IP 163 F

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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 it changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-20P

FILED