

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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May 02, 2006 8:00 am
Secretary of State

05-02-2006 90225 029 ***150.00

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04142006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000120757			
1. Entity Name MICHAEL T. O'DONNELL, D.M.D., P.A.			
Principal Place of Business 870 MACK/BAYON ROAD SUITE A SANTA ROSA BEACH, FL 32459 US		Mailing Address 1114 E. JOHN SIMS PKWY UNIT #231 NICEVILLE, FL 32578 US	
2. Principal Place of Business		3. Mailing Address 870 Mack Bayou Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite A	
City & State		City & State SANTA ROSA BEACH FL	
Zip	Country	Zip	Country
32459		32578	
4. FEI Number 20-1535125		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'DONNELL, MICHAEL T 1114 E. JOHN SIMS PKWY UNIT #231 NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 102 OAKSHORES DR City NICEVILLE FL Zip Code 32578	
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: <u>MC Donnell</u> (850) 622-5888 4/27/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST O'DONNELL, MICHAEL T 1114 E. JOHN SIMS PKWY, UNIT 231 NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 OAKSHORES DR NICEVILLE FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'DONNELL, LAN Q 1114 E. JOHN SIMS PKWY, UNIT 231 NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 OAKSHORES DR NICEVILLE FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>MC Donnell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/06 (850) 622-5888 Date Daytime Phone #	