

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90418 010 ***150.00

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
**870 MACK BAYOU ROAD
SUITE A
SANTA ROSA BEACH, FL 32459 US**



2. Principal Place of Business - No P.O. Box #
870 MACK BAYOU ROAD

Suite, Apt. #, etc.
SUITE A

3. Mailing Address

Suite, Apt. #, etc.

04262007 Chg-P CR2E034 (12/06)

City & State
SANTA ROSA BEACH

City & State

4. FEI Number
20-1535125

Applied For
Not Applicable

Zip
32459

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**O'DONNELL, MICHAEL T
102 OAKSHORES DRIVE
NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent

Name **NEW Address**

Street Address (P.O. Box Number is Not Acceptable)

469 TURQUOISE BEACH DRIVE

City **SANTA ROSA BEACH**

FL

Zip Code **32459**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
O'DONNELL, MICHAEL T
102 OAKSHORES DRIVE
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
O'DONNELL, LAN Q
102 OAKSHORES DRIVE
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O'DONNELL, MICHAEL T. ☒ Change ☐ Addition
469 TURQUOISE BEACH DRIVE
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**O'DONNELL, LAN Q. ☒ Change ☐ Addition
469 TURQUOISE BEACH DRIVE
SANTA ROSA BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/07 850-622-4000
850-622-5888**