

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P04000121917

1. Entity Name
AESTHETIC DENTISTRY OF NEW TAMPA INC.



Principal Place of Business
**8709 HUNTERS GREEN DRIVE, STE 102
TAMPA, FL 33647**

Mailing Address
**8709 HUNTERS GREEN DRIVE, STE 102
TAMPA, FL 33647**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1738916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZARE, FARDIN DR.
8709 HUNTERS GREEN DRIVE
TAMPA, FL 33647**

**DO NOT WRITE
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 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**

000000664570
03/22/07-80049-024 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZARE, FARDIN DR.
STREET ADDRESS	8709 HUNTERS GREEN DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	VP
NAME	GHIAI, SYAMAK DR.
STREET ADDRESS	8709 HUNTERS GREEN DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	SEC
NAME	ZARE, FARDIN DR.
STREET ADDRESS	8709 HUNTERS GREEN DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	TRES
NAME	ZARE, MARTHA DR.
STREET ADDRESS	8709 HUNTERS GREEN DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DIR
NAME	ZARE, FARDIN DR.
STREET ADDRESS	8709 HUNTERS GREEN DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	DIR
NAME	GHIAI, SYAMAK DR
STREET ADDRESS	8709 HUNTERS GREEN DRIVE
CITY-ST-ZIP	TAMPA, FL 33647

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IN THIS SPACE**

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**

3/9/07 **4868916**
Date Daytime Phone #