
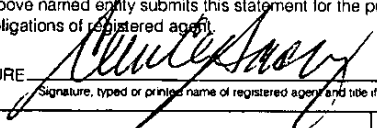
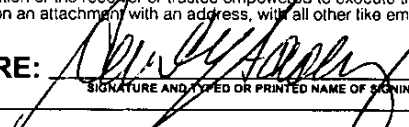


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90099 027 ***150.00

DOCUMENT # P04000125463 1. Entity Name MARATHON DENTAL CENTERS, INC.			
Principal Place of Business 11891 US HWY ONE - STE 100 N PALM BEACH, FL 33408		Mailing Address 11891 US HWY ONE - STE 100 N PALM BEACH, FL 33408	
2. Principal Place of Business - No P.O. Box # 5800 Overseas Highway Suite, Apt. #, etc. Ste 30		3. Mailing Address 5800 Overseas Highway Suite, Apt. #, etc. Ste 30	
City & State Marathon, FL Zip 33050		City & State Marathon, FL Zip 33050	
Country Monroe		Country Monroe	
4. FEI Number 20-1634580		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 HACKNEY, ROBERT C 11891 US HWY ONE - STE 100 N PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Robert C. Hackney, Esq. Street Address (P.O. Box Number is Not Acceptable) Mogk, Flanigan et al 625 N. Flagler Dr - 9th Floor City West Palm Bch FL Zip Code 33401	
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 		Robert C. Hackney 3/24/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P BRIGGLE, JOHN 5800 OVERSEAS HIGHWAY STE. 30 MARATHON, FL 33050	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: 		Robert C. Hackney 3/24/07 561-776-8600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	