## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134405

**Entity Name:** DENTAL ARTS OF FLORIDA PA

FILED Jul 21, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7645 GATE PARKWAY SUITE 103 JACKSONVILLE, FL 32256

**New Mailing Address: Current Mailing Address:** 

10980 WOOD EDEN COURT 10986 WOOD EDEN COURT JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

FEI Number: 20-1664013 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TURSONOFF, TIM TURSONOFF, TIM 10986 WOOD EDEN COURT 10980 WOOD EDEN COURT JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 US US

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.

SIGNATURE: TIM TURSONOFF 07/21/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition TURSUNOV, ANGELLA G TURSUNOV, ANGELLA G Name: Name: 10980 WOOD EDEN COURT Address: 10986 WOOD EDEN COURT Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: COO () Delete Title: COO (X) Change ( ) Addition

TURSONOFF, TIM TURSONOFF, TIM Name: Name:

10980 WOOD EDEN COURT Address: 10986 WOOD EDEN COURT Address: JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM TURSONOFF COO 07/21/2006