2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134405

Entity Name: DENTAL ARTS OF FLORIDA PA

FILED Jul 05, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
SUITE 103	E PARKWAY 3 IVILLE, FL 32	256			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	OOD EDEN CO IVILLE, FL 32				
FEI Number:	: 20-1664013	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	OFF, TIM OOD EDEN CO IVILLE, FL 32				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TURSUNOV, A	EDEN COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TURSONOFF,	EDEN COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 07/05/2007