

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136522

FILED
Apr 24, 2007
Secretary of State

Entity Name: TAMPA BAY DENTAL ASSOCIATES, INC.

Current Principal Place of Business:

1090 EAST BRANDON BLVD
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

PO BOX 3550
BRANDON, FL 335093550

New Mailing Address:

FEI Number: 20-1714938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNLEE, HUNTER
501 EAST KENNEDY BLVD STE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: STAFFORD, DOUGLAS S
Address: 6338 WEST MACLAURIN DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: PSTD (X) Delete
Name: DHALIWAL, AMANDEEP
Address: 1090 EAST BRANDON BLVD
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DHALIWAL, AMANDEEP S
Address: 1090 E. BRANDON BLVD
City-St-Zip: BRANDON, FL 33511 US

Title: () Change () Addition
Name:
Address:
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: AMANDEEP DHALIWAL

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date