

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-09-2006 90033 045 ***150.00

DOCUMENT # P04000155871 1. Entity Name COASTAL PERIODONTICS, P.A.																																					
Principal Place of Business 930 NW MAR WALT DRIVE SUITE 8 FORT WALTON BEACH, FL 32547			Mailing Address 930 NW MAR WALT DRIVE SUITE 8 FORT WALTON BEACH, FL 32547																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66002702 																																	
City & State		City & State		4. FCI Number 04-3600470																																	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent DOWD, JOHN R JR. 285 HWY. 98 EAST SUITE A DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																	
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.				DATE																																	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 50%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>BARTRUFF, BRENT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>755 WHIPPOORWILL CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>DESTIN, FL 32541</td> <td></td> </tr> </table>				TITLE	P	NAME	Delete <input type="checkbox"/>	NAME		BARTRUFF, BRENT		STREET ADDRESS		755 WHIPPOORWILL CIRCLE		CITY-ST-ZIP		DESTIN, FL 32541		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	P	NAME	Delete <input type="checkbox"/>																																		
NAME		BARTRUFF, BRENT																																			
STREET ADDRESS		755 WHIPPOORWILL CIRCLE																																			
CITY-ST-ZIP		DESTIN, FL 32541																																			
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>				TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>				TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>				TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>				TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP			
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
TITLE	Delete <input type="checkbox"/>	Change <input type="checkbox"/>	Addition <input type="checkbox"/>																																		
NAME																																					
STREET ADDRESS																																					
CITY-ST-ZIP																																					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 2-1-06 Daytime Phone #: 850 8626666																																	



ATTACHMENT

66002702

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2006

COASTAL PERIODONTICS, P.A.
930 NW MAR WALT DRIVE
SUITE B
FORT WALTON BEACH, FL 32547

Subject: **COASTAL PERIODONTICS, P.A.**

Reference Number: **P04000155871**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION

Thank you!