## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 2

## **FILED** Mar 17, 2006 08:00 AM Secretary of State

DOCUMENT # P04000165472  1. EMIN Name V. DALE MEEKS, D.M.D., P.A.		Secretary of State	
Principal Place of Business 980 MT. HOMER ROAD EUSTIS, FL 32726	Mailing Address 980 MT. HOMER ROAD EUSTIS, FL 32726		א לשתיקשה או איי אווי איי אי
DO NOT WRITE  6. Name and Address of Current R  MEEKS, V. DALE	n i i i i i i i i i i i i i i i i i i i	CE	D2102006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For 20-2013451 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required
980 MT. HOMER ROAD EUSTIS, FL 32726		_	IN THIS SPACE
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. Typed or printed name of registered agent and the ill applicable (NOTE: Registered Agent signature required when reinstating).  OATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Finant Trust Fund Contribution.		00 May Be ed to Fees
10. OFFICERS AND D  ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RECTORS	_	U00000470959 03/28/06-80035-010 150.00 DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS GITY-ST-ZIP	•		
indicated on this report or supplemental report is to of the corporation or the receiver or trustee empow changed, or on an attachment with an address, wit	ue and accurate and that my signature of the execute this report as required to all other like empowered.	ure shall have the s ed by Chapter 607,	in Chepter 119, Florida Statutes. I further certify that the information came legal effect as if made under oath; that I am an affect or director, Florida Statutes; and that my name appears in Block 10 or Block 11 if