FROM : FAX NO. :3054164060

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Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90401 002 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000007887

1. Entity Name
JEFFREY V. MOFFETT, D.M.D., P.A.

20031949

Principal Place of Business	Mailing Address
3535 HIAWATHA AVENUE APT. B116 COCONUT GROVE, FL 33133	3535 HIAWATHA AVENUE APT. B116 COCONUT GROVE, FL 33133

04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
275 BAYSHORE BLVD.	275 BAYSHORE BLVD.
Suite, Apt. #, etc. APT. 805	Suite, Apt. #, etc. APT. 805
City & State TAMPA, FLORIDA	City & State TAMPA, FLORIDA
Zip 33606 Country USA	Zip 33606 Country USA

4. FEI Number 20-2162169 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOFFETT, JEFFREY V
3535 HIAWATHA AVENUE
APT. B116
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name MOFFETT, JEFFREY V
Street Address (P.O. Box Number is Not Acceptable)
275 BAYSHORE BLVD., APT. 805
City TAMPA FL Zip Code 33606

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 [signature] DMD PA x 4/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOFFETT, JEFFREY V 3535 HIAWATHA AVENUE, APT. B116 COCONUT GROVE, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOFFETT, JEFFREY V. 275 BAYSHORE BLVD. APT. 805 TAMPA, FLORIDA 33606	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: x [signature] DMD PA x 4/12/06 305-725-2315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #