2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P05000044236



FILED

Feb 27, 2008 8:00 am Secretary of State 02-27-2008 90009 013 ***150.00

| MATTHE | W M. AGN | INI, D.D.S., INC |) . | | | | | | | |
|--|---------------------------------------|-------------------------------------|--|--|---|----------------------------|-----------------------|---|---------------------------|-----------------------------|
| Principal Place 417 NORTH LAKELAND, F | | | Mailing Address 417 NORTH ROAD LAKELAND, FL 3380 | | | | | II Pa ill Bib a b il | | |
| 2. Principal Place of Business - No P.O. Box # 3. | | | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 02182008 | Chg-P | CR2E0 | 34 (12/06) | |
| City & State | | | City & State | | | 4. FEI Number 59-2602 | | | 1 | pplied For at Applicable |
| Zip | | | Zip | | | | f Status Desired | | \$8.75 Add Fee Require | |
| 6. Name and Address of Current Regis | | | nt Registered Agent | | | 7. Name and A | Address of New R | egistered / | Agent | |
| _ | | | | | Name | | | | | |
| 417 NORT | MATTHEW M TH ROAD D, FL 33809 | | | Street Address | | (P.O. Box Number | is Not Acceptable | 9) | | |
| | | | | City | | | | | Zip Cod | |
| | | | | | City | | | FL | | • |
| | e named entity s tions of register | | for the purpose of changing | its register | ed office or registe | red agent, or both | , in the State of Flo | orida. Lam | familiar with, | and accept |
| SIGNATURE. | Signature, typed or r | printed name of registered age | ent and title if applicable. (N | OTE: Registere | ed Agent signature require | d when reinstating) | | DATE | | |
| | | EE IS \$150.00 Fee will be \$550 | 9. Election Cam Trust Fund Co | | | i.00 May Be ded to Fees | | | | |
| 10. | | OFFICERS AN | ID DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND | DIRECTOR | 3 IN 11 |
| TITLE | D | | ☐ Delete | TITL | .E | | | | Change | Addition |
| NAME | AGNINI, MA | TTHEW M | | NAM | | | | | | |
| STREET ADDRESS | 417 NORTH | | | | AE | | | | | |
| CITY-ST-ZIP | LAKELAND. | | | | AL EET ADDRESS | | | | | |
| TITLE | | , FL 33809 | | STRI | | | | | | |
| NAMES | | , FL 33809 | ☐ Delete | STRI | EET ADDRESS 7-ST-ZIP | | | | ☐ Change | Addition |
| NAME | | , FL 33809 | ☐ Delate | STRI | EET ADDRESS (-S1-ZIP | | | | ☐ Change | Addition |
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12. I hereby certify that the information supplied with this filling 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #