FILED
May 02, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000056834

1. Entity Name
LAUREL MANOR CENTER FOR COMPREHENSIVE DENTISTRY, P.A.

Principal Place of Business	Mailing Address
1950 LAUREL MANOR DR SUITE 180B THE VILLAGES, FL 32162	8301 COUNTY RD. 44, LEG A LEESBURG, FL 34788

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04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2699709
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ILKKA, DON J. DDS
8301 COUNTY RD. 44, LEG A
LEESBURG, FL 34788

FEE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000944126

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ILKKA, DON J. DDS
STREET ADDRESS	8301 COUNTY RD. 44, LEG A
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	D
NAME	ROZENSKY, RICHARD W DDS
STREET ADDRESS	8792 SE 165TH MULBERRY LANE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/30/08 352-753-0789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #