## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 13, 2006 8:00 am Secretary of State

DOCUMENT # P05000074481  1. Entity Name SDC OF TAMPA BAY, INC							02-13-2006 9	00022 045 ***150	).00
Principal Plac	e of Busines	SS	Mailing Address				·1, · ·		
21043 MARSH HAWK DRIVE Land O Lakes, FL 34638			21043 MARSH HAWK DRIVE Land O Lakes, Fl. 34638			,		DEM JOHN SIGN	
2. Principal Place of Business			Polse	<u> </u>					
Suite, Apt. #, etc.			4	Suite, Apt. #, etč.			Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Numb	- 29265	42 AF	pplied For at Applicable	
Zip		Country	3438		intry	5. Certificate	of Status Desired	S8.75 Add Fee Require	
	6. Name	and Address of Curre	ent Registered Agent			7. Name and	Address of New Ro	egistered Agent	
		RRIGAN, CHAVAR	RIA LLP		Name 7	Tress (P.O. Box Numb	T CAN	RIGAN	
3910 NORTHDALE BLVD SUITE 100 TAMPA, FL 33624					Street Address (P.O. Box Number is No: Acceptable)				
,					City	100 LAK	<i>6</i> 5	FL Zaco	638
8. The above	named entit	ty submis this statemen	t for the purpose of cha	anging its registe	red office or re	egistered agent, or bo	th, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE.	$\nabla$	terregagent.  terres  der printed name of registered at	ent and title if applicate.	(NOTE: Registe	MAS (	T. CARLY required when reinstating)	GAN	1/9/06	
After Ma		FEE IS \$150.00 6 Fee will be \$55		n Campaign Fina und Contribution		\$5.00 May Be Added to Fees			
After Ma	ay 1, 200	6 Fee will be \$55	0.00 Trust F	und Contribution	i	\$5.00 May Be Added to Fees	CHANGES TO OFFI	CERS AND DIRECTOR	
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indicated on this report or suppremental 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, Fiorida 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.