


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90219 001 \*\*\*150.00

**DOCUMENT # P05000095362**

1. Entity Name  
**HARKINS DENTAL ASSOCIATES OF EAST LAKE, P.A.**



Principal Place of Business      Mailing Address  
**3410 E LAKE RD**      **800 STARKEY RD**  
**PALM HARBOR, FL 34685**      **LARGO, FL 33771**

**66020194**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04172006    Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3001095**       Not Applicable

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

6. Name and Address of Current Registered Agent

**HARKINS, LAWRENCE**  
**800 STARKEY RD**  
**LARGO, FL 33771**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$160.00**  
**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HARKINS, LAWRENCE</b>	
STREET ADDRESS	<b>800 STARKEY RD</b>	
CITY-ST-ZIP	<b>LARGO, FL 33771</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARKINS, Lawrence</b>	
STREET ADDRESS	<b>800 Starkey Rd.</b>	
CITY-ST-ZIP	<b>LARGO, FL 33771</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Harkins, Nancy Conti</b>	
STREET ADDRESS	<b>800 Starkey Rd</b>	
CITY-ST-ZIP	<b>Largo, FL 33771</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lawrence M Harkins*      Date: 4/20/06      Daytime Phone #: (727) 784-6708