

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

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| DOCUMENT # P05000107408 1. Entity Name THE VILLAGE DENTIST, P.A. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 8136 CENTRALIA CT., STE. 103 LEESBURG, FL 34788 | | | Mailing Address 8136 CENTRALIA CT., STE. 103 LEESBURG, FL 34788 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business <i>425 West Town Plaza</i> Suite, Apt. #, etc. <i>Suite 106</i> City & State <i>St Augustine FL</i> Zip <i>32092</i> Country | | 3. Mailing Address <i>425 West Town Plaza</i> Suite, Apt. #, etc. <i>Suite 106</i> City & State <i>St Augustine FL</i> Zip <i>32092</i> Country | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FSI Number <i>203295783</i> | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent TAWIL, NICHOLAS N. 8136 CENTRALIA CT., STE. 103 LEESBURG, FL 34788 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>425 West Town Plaza</i> Suite <i>106</i> City <i>St Augustine</i> FL Zip Code <i>32092</i> | | | | 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TAWIL, NICHOLAS N.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8136 CENTRALIA CT., STE. 103</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LEESBURG, FL 34788</td> <td></td> </tr> </table> | | | TITLE | D | <input type="checkbox"/> Delete | NAME | TAWIL, NICHOLAS N. | | STREET ADDRESS | 8136 CENTRALIA CT., STE. 103 | | CITY-STATE-ZIP | LEESBURG, FL 34788 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><i>425 West Town Plaza Suite 106</i></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>St Augustine FL 32092</i></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | <i>425 West Town Plaza Suite 106</i> | | STREET ADDRESS | <i>St Augustine FL 32092</i> | | CITY-STATE-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: _____ <i>L. S. O.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



ATTACHMENT

66003072

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

THE VILLAGE DENTIST, P.A.
425 WEST TOWN PLAZA
SUITE 106
SAINT AUGUSTINE, FL 32092

Subject: THE VILLAGE DENTIST, P.A.

Reference Number: P05000107408

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cc

ANNUAL REPORTS SECTION