

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119917

FILED
Jul 12, 2007
Secretary of State

Entity Name: SPIVEY DENTAL OF OCALA, P.A.

Current Principal Place of Business:

8585 SW HWY. 200
SUITE 9
OCALA, FL 34481 US

New Principal Place of Business:

Current Mailing Address:

8585 SW HWY. 200
SUITE 9
OCALA, FL 34481 US

New Mailing Address:

FEI Number: 20-3385066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENROD, ROBERT L
11748 OXFORD STREET
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

SPIVEY, BEN M
8878 SW 57TH COURT ROAD
OCALA, FL 34476 US

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.

SIGNATURE: BEN M. SPIVEY

07/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTV () Delete
Name: SPIVEY, BEN M
Address: 8878 S.W. 57TH COURT ROAD
City-St-Zip: OCALA, FL 34476 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN M. SPIVEY

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07/12/2007

Electronic Signature of Signing Officer or Director

Date