2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006
Secretary of State

DOCUMENT# P05000122752

Entity Name: MARIO A. KU, DDS, PA

Current Principal Place of Business:

4401 NW 15TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

5180 SW 34TH ST.
GAINESVILLE, FL 32608

Current Mailing Address:

4401 NW 15TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

5180 SW 34TH ST
GAINESVILLE, FL 32608

FEI Number: 20-3427385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KU-TORRES, MARIO A
4401 NW 15TH PLACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

KU-TORRES, MARIO A
5180 SW 34TH ST
GAINESVILLE, FL 32608 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: MARIO A. KU-TORRES, DDS, PA 07/13/2006
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: P ( ) Delete
Name: KU-TORRES, MARIO A
Address: 4401 NW 15TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DDS (X) Change ( ) Addition
Name: KU-TORRES, MARIO A
Address: 5180 SW 34TH ST
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIO A. KU-TORRES DDS 07/13/2006
Electronic Signature of Signing Officer or Director Date