

**FILED**  
**Aug 28, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90042 032 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000123330</b>	
1. Entity Name SAMANT DENTAL GROUP, P.A.	



Principal Place of Business 2727 NW 43RD ST. SUITE 8 GAINESVILLE, FL 32606	Mailing Address 2727 NW 43RD ST. SUITE 8 GAINESVILLE, FL 32606
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66021546



**DO NOT WRITE IN THIS SPACE**

07182007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3433612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DOWNEY, KEVIN I  
2831-B NW 41ST ST.  
GAINESVILLE, FL 32606

**DO NOT WRITE IN THIS SPACE**

9. 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: *[Signature]* DATE: 7/18/07

Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when representing) DATE

**FILE NOW!! FEE IS \$150.00**  
**Due by September 14, 2007**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. SAMANT, DDS, PA/MI 2727 NW 43RD ST #8 GAINESVILLE, FL 32606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 register 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 either this corporation.

SIGNATURE: *[Signature]* DATE: 8/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR