## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000123330**

1. Entity Name

SAMANT DENTAL GROUP, P.A.



FILED Jan 23, 2008 08:00 AN Secretary of State

Principal Place of Business

2727 NW 43RD ST.

SUITE 8

GAINESVILLE, FL 32606

Mailing Address

2727 NW 43RD ST.

SUITE 8

GAINESVILLE, FL 32606



DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3433612

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNEY, KEVIN I 2631-B NW 41ST ST. GAINESVILLE, FL 32606 DO NOT WRITE IN THIS SPACE

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.

10.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

TITLE NAME SAMANT, DDS, PAIVI STREET ADDRESS 2727 NW 43RD ST #8 CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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 recycled 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 gifter like empowered.

SIGNATURE:

STREET AODRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DESCRIP

-SAMAN+

11-08 352-376-5/6