

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000124966

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: MYERS PEDIATRIC DENTISTRY, P.A.

## Current Principal Place of Business:

3131 RIDEOUT LN  
MIDDLEBURG, FL 32063

## New Principal Place of Business:

2140 KINGSLEY AVENUE, SUITE 9  
ORANGE PARK, FL 32073

## Current Mailing Address:

3131 RIDEOUT LN  
MIDDLEBURG, FL 32063

## New Mailing Address:

2140 KINGSLEY AVENUE, SUITE 9  
ORANGE PARK, FL 32073

FEI Number: 20-3463559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYERS, GARY R D.M.D.  
3131 RIDEOUT LN  
MIDDLEBURG, FL 32063 US

## Name and Address of New Registered Agent:

MYERS, GARY R D.M.D.  
2140 KINGSLEY AVENUE, SUITE 9  
ORANGE PARK, FL 32073 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:

04/04/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MYERS, GARY R D.M.D.  
Address: 3131 RIDEOUT LN  
City-St-Zip: MIDDLEBURG, FL 32063

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MYERS, GARY R D.M.D.  
Address: 2140 KINGSLEY AVE, SUITE 9  
City-St-Zip: ORANGE PARK, FL 32073

Title: VP ( ) Change (X) Addition  
Name: MYERS, JULIA D  
Address: 2140 KINGSLEY AVE. SUITE 9  
City-St-Zip: ORANGE PARK, FL 32073

Title: SEC ( ) Change (X) Addition  
Name: MYERS, MARGARET R  
Address: 2140 KINGSLEY AVE. SUITE 9  
City-St-Zip: ORANGE PARK, FL 32073

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: GARY R MYERS DMD

P

04/04/2006

Electronic Signature of Signing Officer or Director

Date