


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90395 027 ***150.00

DOCUMENT # P05000137177			
1. Entity Name DENTAL ASSOCIATES OF LAKE MARY, P.A.			
Principal Place of Business 977 ENGLISH TOWN LANE SUITE 223 WINTER SPRINGS, FL 32708		Mailing Address 977 ENGLISH TOWN LANE SUITE 223 WINTER SPRINGS, FL 32708	
2. Principal Place of Business 213 Villa Dieste Terrace Suite, Apt. #, etc. #105 City & State Lake Mary, FL Zip 32746 Country		3. Mailing Address 213 Villa Dieste Terrace Suite, Apt. #, etc. #105 City & State Lake Mary, FL Zip 32746 Country	
4. FEI Number 20-3547486		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04122006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P 1150 LOUISIANA AVENUE SUITE 4 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEHTA, DEEPA D.M.D. 977 ENGLISH TOWN LANE SUITE 223 WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mehta, D.M.D., Deepa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 213 Villa Dieste Terrace, #105 Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 receiver 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 all other like empowered.			
SIGNATURE: <u>Deepa Mehta</u>		Date: <u>4/14/06</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

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