

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137177

FILED
May 09, 2007
Secretary of State

Entity Name: DENTAL ASSOCIATES OF LAKE MARY, P.A.

Current Principal Place of Business:

213 VILLA DIESTE TERRACE
#105
LAKE MARY, FL 32746

New Principal Place of Business:

1301 SOUTH INTERNATIONAL PARKWAY
SUITE 2041
LAKE MARY, FL 32746

Current Mailing Address:

213 VILLA DIESTE TERRACE
#105
LAKE MARY, FL 32746

New Mailing Address:

1301 SOUTH INTERNATIONAL PARKWAY
SUITE 2041
LAKE MARY, FL 32746

FEI Number: 20-3547486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P
1150 LOUISIANA AVENUE SUITE 4
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEHTA, DEEPA D.M.D.
Address: 213 VILLA DIESTE TERRACE, #105
City-St-Zip: LAKE MARY, FL 32746

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MEHTA, DEEPA K D.M.D.
Address: 1301 S. INTERNATIONAL PKWY, SUITE 2041
City-St-Zip: LAKE MARY, FL 32746

Title: D () Change (X) Addition
Name: MEHTA, KALPESH C DMD
Address: 1301 S. INTERNATIONAL PKWY, SUITE 2041
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify 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: DEEPA MEHTA DMD, CAGS

D

05/09/2007

Electronic Signature of Signing Officer or Director

Date