

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-12-2006 90187 011 ***150.00

DOCUMENT # P05000138169 1. Entity Name FRANTZ BRIGNOL, D.M.D., P.A.					
Principal Place of Business 8136 CENTRALIA CT., STE. 103 LEESBURG, FL 34788			Mailing Address 8136 CENTRALIA CT., STE. 103 LEESBURG, FL 34788		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">66000908</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 01052006 Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 20-3675634 </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>5. Certificate of Status Desired <input type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;"> \$8.75 Additional Fee Required </div> </div>	
6. Name and Address of Current Registered Agent RICK A. BUCHWALTER, P.A. 2508 NE COACHMAN RD., STE. 2 CLEARWATER, FL 33765				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 fee if applicable (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right; text-align: right;"><small>DATE</small></div>					
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 BRIGNOL, FRANTZ 8136 CENTRALIA CT., STE. 103 LEESBURG, FL 34788 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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 information empowered.					
SIGNATURE: <i>x Brignol</i>			<div style="display: flex; justify-content: space-between;"> <div> 11/9/06 <small>Date</small> </div> <div> (352) 365-0300 <small>Daytime Phone #</small> </div> </div>		



ATTACHMENT

66000908

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2006

FRANTZ BRIGNOL, D.M.D., P.A.
8136 CENTRALIA CT., STE. 103
LEESBURG, FL 34788

Subject: FRANTZ BRIGNOL, D.M.D., P.A.

Reference Number: P05000138169

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION