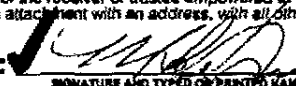


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000140259 1. Entity Name NEXT GENERATION DENTISTRY, PA			
Principal Place of Business 12002 SW 128TH CT. MIAMI, FL 33186		Mailing Address 12002 SW 128TH CT. MIAMI, FL 33186	
DO NOT WRITE IN THIS SPACE			
			
		07242007 No Chg-P CR2E034 (11/05)	
4. FEI Number 20-3619224		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGQUIST, MICHAEL R 15457 SW 14TH ST. MIAMI, FL 33194		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
U00000770649 07/27/07-80001-002 150.00			
DO NOT WRITE IN THIS SPACE			
10. OFFICERS AND DIRECTORS			
TITLE	P	BERGQUIST, MICHAEL R	
NAME		12002 SW 128TH CT	
STREET ADDRESS		MIAMI, FL 33186	
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		7/24/07 305-232-0074	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	