2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2006 8:00 am Secretary of State

DOCUMENT # P05000144484 1. Entity Name KEN ELROD, D.D.S., P.A.					04-11-2006 90116 030 ***150.00			
Principal Place of Business Mailing Address					1			
		Mailing Address			60026811			
529 N. LAKEWOOD RUN DR. Ponte vedra BCH, Fl. 32082		529 N. LAKEWOOD RUN DR.				9001		
FONTE VEDI	KA DUN, FL 32002	PUNTE VEDRA BUH, FL	PONTE VEDRA BCH, FL 32082					
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2. Principal F	Place of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242006	Cha D	0000004 (44)	. =.	
				03242006	Chg-P	CR2E034 (11/0	15)	
City & State		City & State		4. FEI Number			Applied For	
					59-38	22104		Not Applicable
Zip Country		Zip Coul		У			£9.75	Additional
					L		Fee Req	
6. Name and Address of Current Registered Agent					7. Name and /	ddress of New R	egistered Agent	
ELBOD KENNETH				Name				
ELROD, KENNETH 529 N. LAKEWOOD RUN DR.			-	Street Address (P.O. Box Number is Not Acceptable)				
PONTE VI	EDRA BCH, FL 32082			offeet Address (F.O. Box Number is Not Acceptable)				
()								
f			-	0:				
				City			FL Zip C	
8. The above named entity submits this statement for the purpose of changing its registered				d office or register	ed agent, or both	, in the State of Flo	rida. I am familiar w	ith, and accept
The obligations of registered agent.								
SIGNATURE								
Signature, typed or barted name of registered agent and late if applicable. (NOTE. Registered Agent signature required when reinstating) DATE							DATE	
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing					00 May Be ed to Fees			
After Ma	ay 1, 2006 Fee will be \$550	7.00 Trust Fund Contr	ribution.	☐ Add	ed to Fees			
10.	· OFFICERS AN	D DIRECTORS	11.	*	ADDITIONS	HANGES TO GET	CERS AND DIRECT	
TITLE	DOTO		TITLE		ADDITIONS/C	HANGES TO OFFI		
NAME	ELDOD KENNETH		NAME				Chang	ge 🗌 Addition
STREET ADDRESS	COO N. LAVENOOD DINABA			ADDRESS				
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NAME	☐ Delete TITL						Chang	e 🗌 Addition
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NAME		Delete	TITLE				Chang	e 🔲 Addition
STREET ADDRESS			NAME	ADDRESS				
CITY ST ZIP			CITY-S	I				į

12. Thereby 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:

KENNETH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELROD

APRIL 3, 2006

904-616-5165