

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144997

FILED
Jan 25, 2006
Secretary of State

Entity Name: DENTAL IMPLANT CENTER OF OCALA, P.A.

Current Principal Place of Business:

2130 SW 22ND PLACE
SUITE 102
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

2130 SW 22ND PLACE
SUITE 102
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 20-3719325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENROD, ROBERT L
11748 OXFORD STREET
SEMINOLE, FL 33772 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: P () Delete
Name: PENROD, ROBERT L
Address: 11748 OXFORD STREET
City-St-Zip: SEMINOLE, FL 33772 US

Title: VP () Delete
Name: SPIVEY, GENA T
Address: 528 CODY COURT
City-St-Zip: ORANGE PARK, FL 32073 US

Title: S () Delete
Name: PENROD, ROBERT L
Address: 11748 OXFORD STREET
City-St-Zip: SEMINOLE, FL 33772 US

Title: T () Delete
Name: SPIVEY, GENA T
Address: 528 CODY COURT
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT PENROD

PRES

01/25/2006

Electronic Signature of Signing Officer or Director

_____ Date