2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State
03-16-2006 90232 021 ***150.00

DOCUMENT # P05000147208

1. Entity Name
ROXANA MUSSA, D.D.S., M.S.D., P.A.

Principal Place of Business	Mailing Address
2767 WYNDGATE CT WESTLAKE, OH 44145	2767 WYNDGATE CT WESTLAKE, OH 44145

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03082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
28331 S TAMIAMI TRAIL			
Suite, Apt. #, etc BLDG B 9		Suite, Apt. #, etc.	
City & State BONITA SPRINGS FL		City & State	
Zip 34134	Country USA	Zip	Country

4. FEI Number 27-0132708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOONEY, MARK F 1211 W FLETCHER AVE TAMPA, FL 33612	Name ROXANA MUSSA Street Address (P.O. Box Number is Not Acceptable) 3160 LA COSTA CIRCLE APT 207 City NAPLES FL Zip Code 34105

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 Roxana Mussa 3/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPST MUSSA, ROXANA 2767 WYNDGATE COURT WESTLAKE, OH 44145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3160 LA COSTA CIRCLE APT 207 NAPLES FL 34105	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 like empowered.

SIGNATURE: Roxana Mussa ROXANA MUSSA 3/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #