## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 30, 2007 08:00 All Secretary of State DOCUMENT # P05000149014 ORANGE DENTAL, P.A. Mailing Address Principal Place of Business 8619 MINDICU CT 12329 S ORANGE BLOSSOM TRAIL ORLANDO, FL 33837 ORLANDO, FL 32819 CR2E034 (11/05) 05092007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-3918132 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS DPST TITLE SHRAGER, JOSEPH A D.M.D. NAME 12329 SOUTH ORANGE BLOSSOM TRAIL STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 33837 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

407 <u>856 - 2555</u>

**FILED**