


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-22-2007 90023 031 ***150.00

DOCUMENT # P06000004524			
1. Entity Name KENDALL E. CARLL D.D.S., P.A.			
Principal Place of Business 5782 NW 61ST CT. OCALA FL 34482 US		Mailing Address 5782 NW 61ST CT. OCALA FL 34482 US	
2. Principal Place of Business - No P.O. Box # <i>Ocala Center for Dentistry</i>		3. Mailing Address <i>3300 SW 34th Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>136</i>	
City & State		City & State <i>Ocala, FL</i>	
Zip	Country	Zip	Country
<i>34474</i>	<i>USA</i>	<i>34474</i>	<i>USA</i>
4. FEI Number <i>20-4063942</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARLL, KENDALL E 5782 NW 61ST. CT. OCALA FL 34482		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Kendall E. Carll, DDS</i>		SIGNATURE <i>KENDALL E CARLL</i> DATE <i>2/12/07</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<i>P CARLL, KENDALL E 5782 NW 61ST. CT. OCALA FL 34482</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Kendall E. Carll, DDS</i>		SIGNATURE: <i>KENDALL E CARLL, DDS</i> DATE <i>2/12/07</i> 352-893-4844	