


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

04-25-2007 90184 017 ***150.00

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DOCUMENT # P06000036659			
1. Entity Name ATLANTIC DENTAL MANAGEMENT CORP			
Principal Place of Business 611 S DIXIE HWY NEW SMYRNA BEACH FL 32168 US		Mailing Address 611 S DIXIE HWY NEW SMYRNA BEACH FL 32168 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BRANCH, E ROBERT 1028 N US 1 ORMOND BEACH FL 32174		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
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	P MITCHELL, HEATHER 611 S DIXIE HWY NEW SMYRNA BEACH FL 32168 <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: <u><i>Heather Mitchell</i></u>		Date: <u>4/17/07</u> 386-426-2191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	