2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 29, 2007 8:00 am Secretary of State 01-29-2007 90101 020 ***150.00

DOCUMENT # P06000054767 1. Entity Name BRADLEY A. CHERRY, D.D.S., M.D., P.A.						01-29-2007 9	90101 020) ***150	.00	
Principal Place	5TH LANE		4604 S.W. 45TH LANE							
GAINESVILLE,	, FL 32008	GAINESVILLE, FL 326	uo		f	A BIJA BISHI FAHI ATHI ATH	I SEIDI SIIN DION	18018 BILIN 1891		
	ace of Business - No P.O. Box #	3. Mailing Address	D 1C	<u></u>						
109 N Suite Apt	the Walk sakur	. /60/ Ocean Suite, Apt. #, etc.	Suite, Apt. #, etc.			01242007 Chg-P CR2E034 (12/06)				
Suit 106		City & State	City & State		4. FEI Numbe		- OI VELOO		olied For	
St. State	Lywhy FL	Jacksmille	Beach	32150	20-9	H6811			Applicable	
3209	Country USA	Zip 31250	Country		5. Certificate	of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R	egistered Ag	jent		
CHERRY,	BRADLEY A MD		L	Vame			,			
4604 S.W. 45TH LANE GAINESVILLE, FL 32608					Street Address (P.O. Box Number is Not Acceptable)					
- 7	,					PL 1/11			4	
	named entity submits this statemen			City			FL	Zip Code		
the obligati	signature (species or connect name of registered ag	ert and tate if applicable (NC	TE Registered Ag	ient signature require	id when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55	9. Election Campa Trust Fund Cor			i.00 May Be ded to Fees					
10.	F-100-100-100-100-100-100-100-100-100-10	ND DIRECTORS	11.	1	ADDITIONS	CHANGES TO OFF				
NAME SIREELADDRESS JITY ST 7IP	PSTD CHERRY, BRADLEY A MD 4604 S.W. 45TH LANE GAINESVILLE, FL 32608	☐ Defete	NAME SIREELA CHY ST	I .				☐ Change	Addition	
TITLE NAME STREET ADDRESS OUT STEZIP		☐ Delete	TITLE NAME SIREET A	- 1				☐ Change	Addition	
TOUL NAME SIREE ADDRESS ONY STIZIP		☐ Detete	TITLE NAME STREET	1			99 9 1946	☐ Change	☐ Addition	
HITLE NAME SIMEEL ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET	ADDRESS - Zip				☐ Change	Addition	
NAME STREET ADDRESS CHY SL 2P.		☐ Delete	NAME STREET	ADDRESS - ZIP				☐ Change	Addition	
NAME ** STHEE* ADDRESS OUT STITTE		□ Delete	TITLE NAME STREET CITY S	ADDRESS I - ZIP				☐ Change	Addition	
	certify that the information supplied a on this report or supplemental repo	with this filling does not qualify ort is true and accurate and tha			ed in Chapter 11 e same legal effe	9, Florida Statutes. ct as if made under	I further cert oath; that I a	ify that the is	nformation or director	