

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90187 028 \*\*\*150.00

DOCUMENT # P06000071465



1. Entity Name  
 MICHAEL SOMAI, D.M.D., P.A.

Principal Place of Business  
 1860 LONG IRON DR., STE. 1006  
 ROCKLEDGE, FL 32955

Mailing Address  
 1860 LONG IRON DR., STE. 1006  
 ROCKLEDGE, FL 32955

40068051



2. Principal Place of Business - No P.O. Box #  
*3791 Maple Grove Ct*  
 Suite, Apt. #, etc.

3. Mailing Address  
*3791 Maple Grove Ct*  
 Suite, Apt. #, etc.

03302007 Chg-P CR2E034 (12/06)

City & State  
*Fort Orange, FL*  
 Zip  
*32129*  
 Country  
*USA*

City & State  
*Fort Orange FL*  
 Zip  
*32129*  
 Country  
*USA*

4. FEI Number  
*20-4979579*  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOMAI, MICHAEL  
 1860 LONG IRON DR., STE. 1006  
 ROCKLEDGE, FL 32955

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 \_\_\_\_\_ 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**  
**After May 1, 2007 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	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOMAI, MICHAEL			NAME	<i>3791 Maple Grove Ct</i>		
STREET ADDRESS	1860 LONG IRON DR., STE. 1006			STREET ADDRESS	<i>Fort Orange, FL 32129</i>		
CITY - ST - ZIP	ROCKLEDGE, FL 32955			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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: *[Signature]* Date: *8-30-07* Daytime Phone #: *386-424 1631*