2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State
05-29-2007 90040 015 ***550.00

DOCUMENT # P06000073633

1. Entity Name
HAILE ENDODONTICS, P.A.

66019028

04232007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
184 WESTWARD DR. MIAMI SPRINGS, FL 33166	184 WESTWARD DR. MIAMI SPRINGS, FL 33166

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5318 S.W. 91ST TERR	ROSENSON, P.O. Box
Suite, Apt. #, etc. SUITE C	Suite, Apt. #, etc. 117325, ANDERSON 202
City & State GAINESVILLE FL	City & State GAINESVILLE FL
Zip 32608 Country USA	Zip 32611 Country USA

4. FEI Number 03-0594059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSENSON, BETH 184 WESTWARD DR. MIAMI SPRINGS, FL 33166	Name: Beth Rosenson Street Address (P.O. Box Number is Not Acceptable): University of Florida Anderson Hall 202 City: gainesville FL Zip Code: 32611

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: Beth Rosenson 4/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSENSON, BETH 184 WESTWARD DR. MIAMI SPRINGS, FL 33166	☐ Delete	[redacted]	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BERNSTEIN, STUART DMD 184 WESTWARD DR. MIAMI SPRINGS, FL 33166	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: ✓ Beth Rosenson 4/23/07 352-246-5430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #