
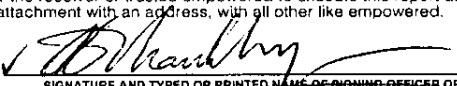


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90029 033 ***150.00

DOCUMENT # P06000110369 1. Entity Name HUYNH-LE DENTAL PA					
Principal Place of Business 7143 17TH WAY NORTH ST PETERSBURG, FL 33702			Mailing Address 7143 17TH WAY NORTH ST PETERSBURG, FL 33702		
2. Principal Place of Business - No P.O. Box # 14080 Mirror Court		3. Mailing Address 14080 Mirror Court			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NAPLES FLORIDA		City & State NAPLES FLORIDA		4. FEI Number APPLIED FOR 64-0954093	
Zip 34114		Country US		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUYNH-LE, MAI 7143 17TH WAY NORTH ST PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14080 Mirror Court City NAPLES FL Zip Code 34114		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	PD HUYNH, LONG 7143 17TH WAY NORTH ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD HUYNH-LE, MAI 7143 17TH WAY NORTH ST PETERSBURG, FL 33702	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 03/14/08			Daytime Phone # 239.919.4730		