


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90214 006 \*\*\*158.75

<b>DOCUMENT # P06000129758</b> 1. Entity Name <b>ROBERT W. PARKINSON, D.M.D., P.A.</b>																																																																																																																													
Principal Place of Business <b>4320 BELL SHOALS ROAD VALRICO, FL 33594</b>			Mailing Address <b>3225 S. MACDILL AVE. SUITE 129-239 TAMPA, FL 33629-8171</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-5705405</b>																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable																																																																																																																											
6. Name and Address of Current Registered Agent  <b>PARKINSON, ROBERT W 1708 S. HABANA AVE. TAMPA, FL 33629</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">PARKINSON, ROBERT W</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">1708 S. HABANA AVE. 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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.																																																																																																																													
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													
Date _____ Daytime Phone # _____																																																																																																																													