

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUN 30 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P06000139245	
1. Entity Name MB DENTAL HEALTH SERVICES, P.A.	



Principal Place of Business 901, RIGGINS ROAD 1772 WYETH DR 722 TALLAHASSEE, FL 32308 Tallahassee FL-32317	Mailing Address 901, RIGGINS ROAD 722 TALLAHASSEE, FL 32308 SAME
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2. Principal Place of Business - No P.O. Box # 1772 Wyeth Dr	3. Mailing Address 1772 Wyeth Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32317	Zip 32317
Country	Country

06272008 Chg-P CR2E034 (12/06)

4. FEI Number 84-1717835	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAIG, MOHAMMED Z 901, RIGGINS ROAD 722 TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name: Mohammed Z Baig Street Address (P.O. Box Number is Not Acceptable): 1772 WYETH DR TALLAHASSEE City: FL Zip Code: 32317
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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: [Signature] DATE: 6/27/08
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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIG, MOHAMMED Z 901, RIGGINS ROAD #722 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1772 WYETH DR. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tallahassee FL-32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500132206245 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/03/08--01007--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE: 6/27/08 DAYTIME PHONE #: 813-833-8704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS