## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000143202

Entity Name: MICHAEL LOPEZ, D.D.S., P.A.

FILED Jul 03, 2007 Secretary of State

| Current Principal Place of Business:          |                                      |                |                     | New Principal Place of Business:            |                                              |  |  |
|-----------------------------------------------|--------------------------------------|----------------|---------------------|---------------------------------------------|----------------------------------------------|--|--|
|                                               | VE OAKS DR<br>SPRINGS, FL            |                |                     |                                             |                                              |  |  |
| Current Mailing Address:                      |                                      |                |                     | New Mailing Address:                        |                                              |  |  |
|                                               | VE OAKS DR<br>SPRINGS, FL            |                |                     |                                             |                                              |  |  |
| FEI Number:                                   | 45-0545439                           | FEI Number     | Applied For ( )     | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |  |
| Name and Address of Current Registered Agent: |                                      |                |                     | Name and Address                            | Name and Address of New Registered Agent:    |  |  |
|                                               | ICHAEL<br>VE OAKS DRI<br>SPRINGS, FL |                |                     |                                             |                                              |  |  |
|                                               | named entity<br>e of Florida.        | submits this s | statement for the p | ourpose of changing its registere           | ed office or registered agent, or both,      |  |  |
| SIGNATUR                                      | RE:                                  |                |                     |                                             |                                              |  |  |
|                                               | Electron                             | nic Signature  | of Registered Age   | ent                                         | Date                                         |  |  |
|                                               | ce with s. 607.19<br>npaign Financin |                |                     | ot receive the prior notice.                |                                              |  |  |
| OFFICERS AND DIRECTORS:                       |                                      |                |                     | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | LOPEZ, MICHA<br>389 TWELVE           |                |                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LOPEZ P 07/03/2007