

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000067334

1. Entity Name
COLUMBIA DENTAL GROUP, P.A.



Principal Place of Business
11032 HAWKSHED COURT
WINTERMERE, FL 34786 US

Mailing Address
11032 HAWKSHED COURT
WINTERMERE, FL 34786 US

2. Principal Place of Business - No P.O. Box #
12927 South Orange Blossom Trail

Suite, Apt. #, etc.

3. Mailing Address
12927 South Orange Blossom Trail

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip
32837

City & State
Orlando, Florida

Zip
32837

Country
USA

4. FEI Number
26-0318263

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABUD, JOSE T
11032 HAWKSHED COURT
WINTERMERE, FL 34786

7. Name and Address of New Registered Agent

Name
12927 South Orange Blossom Trail
Street Address (P.O. Box Number is Not Acceptable)
City
Orlando FL Zip Code
32837

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] 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
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GUERRA, LUZ M
11032 HAWKSHED COURT
WINTERMERE, FL 34786

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
Luz M. Guerra D.D.S
12927 South Orange Blossom Trail
Orlando, FL 32837

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 240-4900
Daytime Phone #