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Mar 25, 2008 8:00 am
Secretary of State

02-26-2008 90001 037 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000120815

1. Entity Name
TIOGA DENTAL ASSOCIATES, PA

66004909

Principal Place of Business	Mailing Address
175 NW 138TH TERRACE STE 200 JONESVILLE, FL 32669 US	175 NW 138TH TERRACE STE 200 JONESVILLE, FL 32669 US

01132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3691043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAUG, CYNTHIA 175 NW 138TH TERRACE STE 200 JONESVILLE, FL 32669	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________
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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P, D HAUG, CYNTHIA 175 NW 138TH TERRACE, STE 200 GAINESVILLE, FL 32669 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ______________________ 2/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CYNTHIA D. HAUG, DMD, PRESIDENT

ATTACHMENT
P0700012081S
660004909

IMPORTANT NOTICE

Willow Walk Family Dentistry is moving and changing it's name:

NEW ADDRESS AND NEW NAME

TIOGA DENTAL ASSOCIATES
FAMILY AND COSMETIC DENTISTRY
TIOGA TOWN CENTER
13005 SW 1ST ROAD
SUITE 233
JONESVILLE FL 32669

Our tax ID number is still the same: 59-3691043

PLEASE ADJUST YOUR RECORDS TO REFLECT THESE CHANGES

NoticeChangeAddressTiogaghdA