2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P22639 1. Entity Name DR. STEVE L. CAUDILL, D.D.S., P.C. Principal Place of Business Mailing Address 270 N SYKES CREEK PKWY, #104 270 N SYKES CREEK PKWY, #104 MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 02212008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicat 35-1652705 \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CAUDILL, STEVE L. 270 N SYKES CREEK PKWY, #104 MERRITT ISLAND, FL 32953 IN THIS SPACE 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 acce imthe obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. **PST** TITLE CAUDILL, STEVE L. NAME 270 N SYKES CREEK PKWY 104 STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 TITLE CAUDILL, STEVE L. NAME STREET ADDRESS 270 N SYKES CREEK PKWY 104 CITY-ST-ZIP MERRITT ISLAND, FL. 32953 TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY:ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee employers changed, or on an attachment with an abdress with a supplemental content. qualify or the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or directo his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

NAME STREET ADDRESS CITY-ST-ZIP