

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023047

FILED
Apr 08, 2006
Secretary of State

Entity Name: MID-COUNTY DENTAL CENTER, INC.

Current Principal Place of Business:

4047 OKEECHOBEE BLVD
219
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

4047 OKEECHOBEE BLVD
219
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0406767 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GUZAUSKAS, ROBERT DDS
422 48TH ST
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

GUZAUSKAS, ROBERT DDS
9845 BAYWINDS DRIVE
APT 6105
WEST PALM BEACH, FL 33411 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

04/08/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GUZAUSKAS, ROBERT DDS
Address: 422 48TH STREET
City-St-Zip: WEST PALM BCH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUZAUSKAS, ROBERT DDS
Address: 9845 BAYWINDS DRIVE, APT 6105
City-St-Zip: WEST PALM BCH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT GUZAUSKAS

CEO

04/08/2006

Electronic Signature of Signing Officer or Director

Date