

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023047

FILED
Jan 15, 2007
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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01/15/2007

Electronic Signature of Signing Officer or Director

Date