

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90043 015 ***150.00

DOCUMENT # P93000028250

1. Entity Name

AURELIO, MCGRADY & CAMMARATO, D.D.S., P.A.



Principal Place of Business

3440 CONWAY BLVD.
 SUITE 3B
 PORT CHARLOTTE FL 33952
 US

Mailing Address

3440 CONWAY BLVD.
 SUITE 3B
 PORT CHARLOTTE FL 33952
 US



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0404100

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AURELIO, JAMES A
 3440 CONWAY BLVD.
 SUITE 3B
 PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name William McGrady
 Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Ln. #66
 City Ft. Myers **FL** Zip Code 33907

B. 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 William D. McGrady D.D.S.
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

2/6/06
 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D	<input checked="" type="checkbox"/> Delete
NAME	AURELIO, JAMES A	
STREET ADDRESS	3440 CONWAY BLVD., UNIT 3B	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGRADY, WILLIAM D	
STREET ADDRESS	3440 CONWAY BLVD., UNIT 3B	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMMARTO, III, VINCENT Y	
STREET ADDRESS	3440 CONWAY BLVD., UNIT 3B	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William McGrady William McGrady 2/6/06 956-4727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #