


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000037556 1. Entity Name FAMILY DENTISTRY OF HERNANDO, INC.	
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Principal Place of Business
5080 COMMERCIAL WAY
SPRING HILL, FL 34606Mailing Address
5080 COMMERCIAL WAY
SPRING HILL, FL 34606 US

04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3214504Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**WEBER, BARRY J
4939 CEDARBROOK LN
SPRINGHILL, FL 34607**DO NOT WRITE
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 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 re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees000000733016
05/09/07-80068-012 150.00**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WEBER, BARRY J
STREET ADDRESS	5080 COMMERCIAL WAY
CITY- ST- ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07