


FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90021 010 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P93000043550

1. Entity Name
BASS & LIPENKO, M.D.S., P.A.



Principal Place of Business Mailing Address
 4728 N. HABANA AVE. 4728 N. HABANA AVE.
 SUITE 301 SUITE 301
 TAMPA, FL 33614 TAMPA, FL 33614

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

400400



03302006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3186941 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, LEONARD H.
500 E KENNEDY BLVD
STE 200
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D BASS, EDWARD DR 4728 M/ HABANA AVE. SUITE 301 TAMPA, FL 33614	<input type="checkbox"/>	D, P NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	D, V Lipenko Valery Dr. 4728 N Habana Ave # 301 Tampa FL 33614	<input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: Edward Bass Date: 3/30/06 Daytime Phone #: 813-878-2800