


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000078476**  
 1. Entity Name  
**ERIC'S DENTAL SERVICE, INC.**



Principal Place of Business 14960 SW 260 ST HOMESTEAD, FL 33032 US	Mailing Address 14960 SW 260 ST HOMESTEAD, FL 33032 US
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01142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0448553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SUTTER, HOWARD T  
 104 CRANDON BLVD., #309  
 KEY BISCAYNE, FL 33149

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIBITZ, ERIC V 14960 SW 260 ST HOMESTEAD, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIBITZ, CATHERINE M 14960 SW 260 ST HOMESTEAD, FL 33032
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 03/23/07-80046-012 150.00

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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: Catherine M. Stibitz 3/12/07 786-243-0457  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #