

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002517

**FILED**  
**Feb 16, 2006**  
**Secretary of State**

**Entity Name:** KEITH E. PHIPPS, D.D.S., A PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

8800 SW STATE RD 200  
SUITE 201  
OCALA, FL 34481

**New Principal Place of Business:**

8810 SW HWY 200  
SUITE 101  
OCALA, FL 34481 US

**Current Mailing Address:**

8800 SW STATE RD 200  
SUITE 201  
OCALA, FL 34481

**New Mailing Address:**

12911 SE 5TH AVENUE  
OCALA, FL 34480 US

**FEI Number:** 59-3223022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHIPPS, KEITH E  
8800 SW STATE RD 200  
SUITE 201  
OCALA, FL 34481 US

**Name and Address of New Registered Agent:**

PHIPPS, KEITH E  
12911 SE 5TH AVENUE  
OCALA, FL 34480 US

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: \_\_\_\_\_

02/16/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PHIPPS, KEITH E  
Address: 8800 SW STATE RD 200 SUITE 201  
City-St-Zip: OCALA, FL 34481

Title: TS ( ) Delete  
Name: PHIPPS, DIANNE L  
Address: 12911 SE 5TH AVENUE  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PHIPPS, KEITH E  
Address: 12911 SE 5TH AVENUE  
City-St-Zip: OCALA, FL 34480 US

Title: TS (X) Change ( ) Addition  
Name: PHIPPS, DIANNE L  
Address: 12911 SE 5TH AVENUE  
City-St-Zip: OCALA, FL 34480 US

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: KEITH E. PHIPPS, DDS

D

02/16/2006

Electronic Signature of Signing Officer or Director

Date