

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90013 024 ***150.00

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01172007 Chg-P CR2E034 (12/06)

DOCUMENT # P94000002517					
1. Entity Name KEITH E. PHIPPS, D.D.S., A PROFESSIONAL ASSOCIATION					
Principal Place of Business 8810 SW HWY 200 SUITE 101 OCALA, FL 34481 US			Mailing Address 12911 SE 5TH AVENUE OCALA, FL 34480 US		
2. Principal Place of Business - No P.O. Box # 12911 SE 5th Avenue		3. Mailing Address Suite, Apt. #, etc.			
City & State Ocala, FL		City & State		4. FEI Number 59-3223022	
Zip 34480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHIPPS, KEITH E 12911 SE 5TH AVENUE OCALA, FL 34480			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIPPS, KEITH E 12911 SE 5TH AVENUE OCALA, FL 34480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS PHIPPS, DIANNE L 12911 SE 5TH AVENUE OCALA, FL 34480	<input type="checkbox"/> Delete			
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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: 		DIANNE L. PHIPPS 3-26-07 3523074423			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			