2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P94000011427

1. Entity Name

DENTAL HEALTH SERVICES OF CITRUS PARK, P.A.



FILED Feb 24, 2006 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

8098 CITRUS PARK TOWN CENTER TAMPA, FL 33625

8098 CITRUS PARK TOWN CENTER TAMPA, FL 33625



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02022006 No Chg-P Applied For 4. FEI Number Not Applicat

59-3196506

\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

WALKER, MICHAEL J D.D.S. 8098 CITRUS PARK TOWN CENTER **TAMPA, FL 33625**

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the priors of requisiered ago.	surpose of changing its registered of	ffice or	r registered agent, or both, in the State of Florida. I am familiar with, and a	
SIGNATURE,	Signature, typed or printed name of registered egent and title	I soplicable. (NOTE Registered Ag	ni signatu	ure required when reinstaining) DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.		UDB000446457 \$5.00 мау ве (13/08/06 -80015-013 150 .00	
10.	OFFICERS AND DIREC	CTORS			
TITLE MAINE STREET ADDRESS CITY -ST-ZIP	D WALKER, MICHAEL J D.D.S. 12964 N DALE MABRY HWY TAMPA, FL 33618		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
NAME STREET AGORESS CITY-ST-ZIP					
TITLE NAME STREET AGORESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby 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 direct 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 1 changed, or on an attachment min so address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

21/06