

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 FEB 17 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122006 No Chg-P CR2E034 (11/05) 06

DOCUMENT # P94000017623

1. Entity Name
FLORIDA DENTAL GROUP, P.A.



Principal Place of Business
3333 N. HWY 441-US 27
FRUITLAND PARK, FL 34731 US

Mailing Address
3333 N. HWY 441-US 27
FRUITLAND PARK, FL 34731 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3240635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LEON
3333 N HWY 441 US 27
FRUITLAND PARK, FL 34731

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, LEON
STREET ADDRESS 3333 N. HWY 441-US 27
CITY-ST-ZIP FRUITLAND PARK, FL 34731

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01/26/06-80006-006 150.00

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06
Date Daytime Phone #