2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P94000033894 Jan 20, 2006 08:00 AN 1. Entity Name **Secretary of State** SANDRA J. LILO, DDS, PA Mailing Address Principal Place of Business 8300 113TH ST. N. 8300 113TH ST. N. SEMINOLE, FL 34642 SEMINOLE, FL 34642 US No Chg-P CR2E034 (11/05) 01132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3243887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LILO, SANDRA JEAN DO NOT WRITE 8300 113TH ST. N. SEMINOLE, FL 34642 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DDSP TITLE LILO, SANDRA J DDS NAME 8300 N 113 ST STREET ADDRESS SEMINOLE, FL 34642 CITY-ST-ZIE TITLE 10000000393648 NAME JUL 527/06-80030-014 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Jan 06 (727 B98.747: