2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000070649

1. Entity Name BRIAN ALLEN, D.M.D., PA



Principal Place of Business

2105 S. TAMIAMI TRAIL OSPREY, FL 34229 Mailing Address

2105 S. TAMIAMI TRAIL OSPREY, FL 34229 |-850-245-6056 | FILED | Apr 13, 2007 08:00 AM | Secretary of State

CR2E034 (11/05)



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4. FEI Number				Applied For
	65-0606739			Not Applicable

6. Name and Address of Current Registered Agent

ALLEN, BRIAN D.M.D. 310 BAYSHORE DR OSPREY, FL 34229

DO NOT WRITE IN THIS SPACE

No Chg-P

04102007

the obligat	named entity submits this statement for the pilons of registered agent.	urpose of changing its registe	red office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Register	ed Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS ALLEN, BRIAN K 310 BAYSHORE DR OSPREY, FL 34229				
NAME STREET ADDRESS CITY-ST-ZIP					000000704435 04/23/07-80011-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZiP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 MRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07

941-966-4751