

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000075689

FILED
Apr 03, 2007
Secretary of State

Entity Name: SCOTT DELBOCCIO, DMD, P.A.

Current Principal Place of Business:

5100 TAMIAMI TRAIL NORTH
SUITE 202
NALES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

5100 TAMIAMI TRAIL NORTH
SUITE 202
NALES, FL 34103 US

New Mailing Address:

FEI Number: 65-0610941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILIPPO, PAUL SAN
1100 FIFTH AVENUE SOUTH
SUITE 405
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELBOCCIO, SCOTT
Address: 1920 6TH ST S
City-St-Zip: NAPLES, FL 34102

Title: ST (X) Delete
Name: DELBOCCIO, LINDA
Address: 1920 6TH ST S
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DELBOCCIO, SCOTT
Address: 1920 6TH ST S
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT DELBOCCIO

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date