

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000083987

FILED
Apr 27, 2007
Secretary of State

Entity Name: CLERMONT COSMETIC & FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

773 W MONTROSE STREET
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

773 W MONTROSE STREET
CLERMONT, FL 34711 US

New Mailing Address:

632 AUTUMN OAKS LOOP
WINTER GARDEN, FL 34787 US

FEI Number: 59-3344170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOCTOR, JAMES J
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: TITUS, GARY S
Address: 773 W MONTROSE ST.
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: TITUS, DEBORAH D
Address: 773 W MONTROSE ST
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: TITUS, GARY S
Address: 773 W MONTROSE ST.
City-St-Zip: CLERMONT, FL 34711

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

I hereby certify that the information supplied with this filing does not qualify 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: GARY S. TITUS

DPS

04/27/2007

Electronic Signature of Signing Officer or Director

Date