

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90244 004 ***150.00

DOCUMENT # P95000085937						
1. Entity Name NICHOLAS N. TAWIL, DDS, PA						
Principal Place of Business 8136 CENTRALIA COURT SUITE #103 LEESBURG, FL 34788 US			Mailing Address 8136 CENTRALIA COURT SUITE #103 LEESBURG, FL 34788 US			
2. Principal Place of Business <i>425 West Town Plaza</i>		3. Mailing Address <i>425 West Town Plaza</i>				
Suite, Apt. #, etc. <i>Suite 106</i>		Suite, Apt. #, etc. <i>Suite 106</i>				
City & State <i>St Augustine FL</i>		City & State <i>St Augustine FL</i>				
Zip <i>32092</i>		Zip <i>32092</i>				
4. FEI Number 59-2966329				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TAWIL, NICHOLAS N 8136 CENTRALIA CT SUITE #103 LEESBURG, FL 34748			7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) <i>425 West Town Plaza</i> <i>Suite 106</i> City <i>St Augustine</i> FL Zip Code <i>32092</i>			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			State			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAWIL, N N 8136 CENTRALIA CT SUITE 103 LEESBURG, FL 34788		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>425 West Town Plaza Suite 106</i> <i>St Augustine FL 32092</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1.5.06</i> Daytime Phone # _____			