2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90207 038 ***150.00

DOCUMENT # P95000090791

1. Entity Name
CENTER FOR PREMIER DENTISTRY, INC.

Principal Place of Business	Mailing Address
3951 SWIFT ROAD SARASOTA, FL 34231	3951 SWIFT ROAD SARASOTA, FL 34231

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04052007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0634333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAVARY, JOHNSON S JR. DUNLAP & MORAN, P.A. 1990 MAIN ST., STE. 700 SARASOTA, FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	~~PRES~~ DICKINSON, SCOTT C 5150 BLISS ROAD SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRTR (PRESIDENT - TREASURER)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PRTR~~ SWARTZ, JASON J 827 GOLDEN POND COURT SARASOTA, FL 34229	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC (VICE PRESIDENT - SECRETARY)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Jason J Swartz — 4/16/07 — 941-924-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

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ATTACHMENT
H00083383
[redacted]

DO NOT WRITE IN THIS SPACE

03262007 No Chg-P CR2E034 (11/05)

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☐ Not Applicable

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SARASOTA, FL 34236

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10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	DICKINSON, SCOTT C
STREET ADDRESS	5150 BLISS ROAD
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	PRTR
NAME	SWARTZ, JASON J
STREET ADDRESS	827 GOLDEN POND COURT
CITY-ST-ZIP	SARASOTA, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: [signature] 4/4/07 941-924-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #