2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 08:00 Al Secretary of State

DOCUMENT # P9600001373 1. Entity Name FRANK J. SIERRA, DMD, P.A.				Secretary of Sta			
Principal Place 5420 WEBB STE C-2 TAMPA, FL	ROAD	Aailing Address 5420 WEBB ROAD STE C-2 TAMPA, FL 33615					
ם	O NOT WRITE I	N THIS SPA	CE	03222006 4. FEI Numbe 59-340	No Chg-P	CR2E034 (11	
	6. Name and Address of Current Reg	stered Agent	<u> </u>		· -	10011	-
SIERRA, FRANK J JR. 5420 WEBB ROAD STE C-2 TAMPA, FL 33615 8. The above named entity submits this statement for the purpose of changing its register.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
COMMENT	ions of registered agent. Signature, typod or printed name of registered agent and bit	e if applicable. (NOTE Registers	ed Agent signature requir	ad when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				5.00 May Be ded to Fees	***************************************		<u> </u>
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PSTD SIERRA, FRANK J JR. 5420 WEBB ROAD, STE. C-2 TAMPA, FL 33615	CTORS			00000 04/29/06	0510373 :-80006-00	1 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		

12. I hereby certify that the information supplied with this filing close 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 applicate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trustee impowered 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: _

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank J. Siem

4/11/00

Date

Daylime Phone #