


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90045 026 \*\*\*150.00

**DOCUMENT # P96000043665**

1. Entity Name  
**KELLY H LEAIRD D.M.D., P.A.**



Principal Place of Business      Mailing Address  
**8438 SW 103RD STREET RD**      **8438 SW 103RD STREET RD**  
**OCALA, FL 34481**      **OCALA, FL 34481**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*918 Rolling Acres Rd.*      *918 Rolling Acres Rd.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*Suite 7*      *Suite 7*

City & State      City & State  
*Lady Lake, FL*      *Lady Lake, FL*

Zip      Country      Zip      Country  
*32159-5026*      *USA*      *32159-5026*      *USA*

40007431



01182007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3386771**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**LEAIRD, KELLY**  
**8438 SW 103RD STREET RD**  
**OCALA, FL 34481**

7. Name and Address of New Registered Agent  
 Name *Leaird, Kelly*  
 Street Address (P.O. Box Number is Not Acceptable)  
*918 Rolling Acres Rd.*  
*Suite 7*  
 City *Lady Lake*      FL      Zip Code *32159-5026*

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 *Kelly Leaird*      *Kelly Leaird President*      DATE *1-29-07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEAIRD, KELLY H 8438 SW 103RD STREET RD OCALA, FL 34481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Leaird, Kelly H 918 Rolling Acres Rd., Suite 7 Lady Lake, FL 32159-5026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kelly Leaird*      *Kelly Leaird President*      DATE *1-29-07*      DAYTIME PHONE # *(352) 750-0300*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR