2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000055263

1. Entity Name

NEIL FISHNER, D.D.S., P.A.



FILED Mar 17, 2008 08:00 AN Secretary of State

					COLUMN TO	Trans.					
Principal Place of Business 4501 N.W. 95TH AVENUE SUNRISE FL 33351			Mailing Address 4501 N.W. 95TH AVENUE SUNRISE FL 33351								
2. Principal Place of Business - No P.C. Box #			3. Mailing Address				1100	III SA 115 (SEI BUST DOII)	90))) 99()) 84 (8) 0	ILEI BIIID MESE GIIDE	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1st MOORE CR2E034 (10/07)				
City & State			City & State				4. FEI Numb	er 65-06828	331	 	Applied For Not Applicable
Zip Cauntry			Z:p	Z;p Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Ad	dress of Curren	t Registered Agent	gistered Agent			7. Name and Address of New Registered Agent				
FISHNER, NEIL S 4501 NORTHWEST 95 AVENUE FORT LAUDERDALE FL 33351					Name						
					Street Address (P.O. Box Number is Not Acceptable)						
					City				F	Z _{ID} Co	do
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or notin, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Subtraction of registered signature of the state of the stat											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Cal Trust Fund (mpaign Fina Centribution.		.00 May Be ded to Fees
10.	the death of the death of the death	OFFICERS AN	DIRECTORS	11.			ADDITIONS	/CHANGES TO (DEFICERS AL	ND DIRECTOR	RS IN 11
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NAME	FISHNER, NEIL D	DS		NAME					00859129		
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12. Thereby certify that the information subplied with this filing does not qualify for the examptions contained in Section 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayanie Phono #