

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060535

FILED  
May 01, 2007  
Secretary of State

Entity Name: CONRAD V. HIBBERT, D.M.D., P.A.

## Current Principal Place of Business:

164 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

10794 PINES BOULEVARD  
BLDG 1 - SUITE 103  
PEMBROKE PINES, FL 33026

## Current Mailing Address:

164 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

## New Mailing Address:

10794 PINES BOULEVARD  
BLDG 1 - SUITE 103  
PEMBROKE PINES, FL 33026

FEI Number: 65-0699016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIBBERT, CONRAD  
164 N UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

HIBBERT, CONRAD  
10794 PINES BOULEVARD  
BLDG 1 - SUITE 103  
PEMBROKE PINES, FL 33026 US

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.

SIGNATURE:

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DMD ( ) Delete  
Name: HIBBERT, CONRAD  
Address: 164 N UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DMD (X) Change ( ) Addition  
Name: HIBBERT, CONRAD  
Address: 10794 PINES BOULEVARD  
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONRAD V. HIBBERT

DMD

05/01/2007

Electronic Signature of Signing Officer or Director

Date