

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000064942		
1. Entity Name LEIGH T. MEYER, D.M.D., P.A.		

Principal Place of Business 4970 TAMiami TRAIL N. NAPLES, FL 34103 US	Mailing Address 4970 TAMiami TRAIL N. NAPLES, FL 34103 US
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04232006 No Chg-P CR2E034 (11/05)

4. FLS Number 59-3395385	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent MEYER, LEIGH T D.M.D. 4970 TAMiami TRAIL N. NAPLES, FL 34103
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, LEIGH T D.M.D. 4970 TAMiami TRAIL N. NAPLES, FL 34103
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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: <i>Leigh T. Meyer</i> (LEIGH T. MEYER, D.M.D.) 4-24-06 (239) 480-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #