


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000069859
 1. Entity Name
 TERESA K. BRIGANCE, DMD, MS, P.A.



Principal Place of Business Mailing Address
 3760 N. WICKHAM RD 11160 S. TROPICAL TRAIL
 SUITE 1 MERRITT ISLAND, FL 32952 US
 MELBOURNE, FL 32935 US

DO NOT WRITE IN THIS SPACE



02262006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3396132 Not Applicable

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

6. Name and Address of Current Registered Agent
 BRIGANCE, TERESA K
 3760 N. WICKHAM RD
 SUITE 1
 MELBOURNE, FL 32935

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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 _____ DATE _____
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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRIGANCE, TERESA K
STREET ADDRESS	3760 N. WICKHAM RD, SUITE 1
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	PST
NAME	BRIGANCE, TERESA K
STREET ADDRESS	3760 N. WICKHAM ROAD, SUITE 1
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/11/06-80027-028 150.00

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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: Teresa K. Brigance Teresa K. Brigance 2/26/06 321-242-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #