


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90273 001 ***150.00

DOCUMENT # P96000104299 1. Entity Name EDSON G. BUSTAMANTE, D.M.D., P.A.																													
Principal Place of Business 7620 GUNN HWY #180 TAMPA, FL 33625			Mailing Address 7620 GUNN HWY #180 TAMPA, FL 33625																										
2. Principal Place of Business 11944 SHELDON ROAD Suite, Apt. #, etc. TAMPA FL			3. Mailing Address 11944 SHELDON RD. Suite, Apt. #, etc. 																										
City & State 33626 TAMPA, FL			City & State TAMPA FL 33626																										
Zip 33626		Country USA		4. FEI Number 59-3416339																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent BUSTAMANTE, EDSON G 9827 TREE TOPS LAKE ROAD TAMPA, FL 33626				7. Name and Address of New Registered Agent Name BUSTAMANTE, EDSON G. Street Address (P.O. Box Number is Not Acceptable) 11944 SHELDON ROAD City TAMPA FL Zip Code 33626																									
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: <u><i>Edson G. Bustamante</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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: <u><i>Edson G. Bustamante</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-10-06																									
Daytime Phone # 813-926-2262																													

40002593



01102006 Chg-P CR2E034 (11/05)