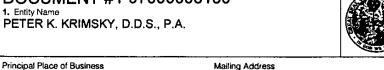
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P97000003130 1. Entity Name PETER K. KRIMSKY, D.D.S., P.A.

FILED Feb 12, 2007 08:00 AM Secretary of State



7408 N.W. 5TH STREET

PLANTATION, FL 33317

US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01312007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 65-0731323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

KRIMSKY, PETER K D.D.S. 12341 NW 9TH ST PLANTATION, FL 33325

7408 NW 5TH ST

SIGNATURE:

PLANTATION, FL 33317 US

DO NOT WRITE IN THIS SPACE

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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 renstating) DATE					
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000633561 02/21/07-80067-011 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRIMSKY, PETER K 7408 N.W. 5TH STREET PLANTATION, FL 33317				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					-
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.					