

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90040 008 ***150.00

DOCUMENT # P97000008976

1. Entity Name
SPECTRUM DENTAL ARTS, INC.



Principal Place of Business
**3850 SOUTH OSPREY AVENUE
SUITE 201
SARASOTA, FL 34239**

Mailing Address
**3850 SOUTH OSPREY AVENUE
SUITE 201
SARASOTA, FL 34239**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02072007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2942778

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RISLEY, MICHAEL F
3850 SOUTH OSPREY AVENUE
SUITE 201
SARASOTA, FL 34239**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME RISLEY, M F
STREET ADDRESS 3633 LORTON AVE
CITY-ST-ZIP N PORT, FL 34286 ☐ Delete

TITLE ST
NAME ~~RISLEY, M F~~ CORY RISLEY
STREET ADDRESS 3653 LORTON AVE 4726 PARNELL
CITY-ST-ZIP N PORT, FL 34286 SARASOTA, FL 34232 ☐ Delete

TITLE VP
NAME RISLEY, S E
STREET ADDRESS 4726 PARNELL
CITY-ST-ZIP SARASOTA, FL 34232 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ C

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F Risley 6/29/07 9413655451

Date

Daytime Phone #

*filing is late due to
heart surgery + Post op
Recovery.*