2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# P97000023834

Entity Name: ASTRID M. ROTTER, D.M.D., P.A.

Current Principal Place of Business:

20451 NW 2ND AVENUE
STE.111
MIAMI, FL 33169

New Principal Place of Business:

18461 PINES BLVD
PEMBROKE PINES, FL 33029

Current Mailing Address:

20451 NW 2ND AVENUE
STE.111
MIAMI, FL 33169

New Mailing Address:

18461 PINES BLVD
PEMBROKE PINES, FL 33029

FEI Number: 65-0744569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROTTER, ASTRID M
20451 NW 2ND AVE # 111
NORTH MIAMI, FL 33169 US

Name and Address of New Registered Agent:

ROTTER, ASTRID M
18461 PINES BLVD
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: ASTRID M ROTTER, DMD 02/06/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: ROTTER, ASTRID M D.M.D.
Address: 18461 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete
Name: ROTTER, ASTRID M D.M.D.
Address: 18461 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASTRID M ROTTER, DMD PRES 02/06/2007
Electronic Signature of Signing Officer or Director Date