


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P97000028275  
 1. Entity Name  
 ANTHONY T. DEAN, D.D.S., P.A.



Principal Place of Business      Mailing Address  
 945 LANE AVE SOUTH      945 LANE AVE SOUTH  
 JACKSONVILLE, FL 32205-4706      JACKSONVILLE, FL 32205-4706

**DO NOT WRITE IN THIS SPACE**



02122008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3435623      Not Applicable

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

6. Name and Address of Current Registered Agent  
 DEAN, ANTHONY T  
 945 LANE AVE SOUTH  
 JACKSONVILLE, FL 32205-4706

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000903559  
 04/30/08-80048-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DEAN, ANTHONY T
STREET ADDRESS	945 LANE AVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 322054706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: ADS Anthony T. Dean, DDS      Date: 4/14/08      Daytime Phone #: (904) 781-4011