

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90017 012 ***150.00

DOCUMENT # P97000043440 1. Entity Name ADVANCED DENTAL APPLIANCES, INC.					
Principal Place of Business 7011 CYPRESS TERRACE SUITE 102 FORT MYERS, FL 33907			Mailing Address 7011 CYPRESS TERRACE SUITE 102 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0760055	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZOGHBI, CHEBL N. 7011 CYPRESS TERRACE STE 102 FT. MYERS, FL 33907				7. Name and Address of New Registered Agent 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: <u><i>Philip Zoghl</i></u> DATE: <u>2-1-08</u> <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ZOGHBI, CHEBL N 7011 CYPRESS TERRACE, STE 102 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Philip Zoghl</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2-1-08</u> <u>239-437-3257</u> <small>Daytime Phone #</small>		



ATTACHMENT
40112089

0970000434110

July 18, 2008

Advanced Dental Appliances, Inc
Attn: Chebel Zoghbi
8841 College Pkwy # 105
Fort Myers, FL 33919

Dear Mr. Zoghbi:

This is in response to your recent inquiry.

I was disappointed to learn of the situation that you encountered with your mail service. It is my understanding that in February, 2008, you filed a change-of-address order for you and your business. Unfortunately, due to software difficulties, your mail carrier was not apprised of this change and your mail was inadvertently held in error until June 2008. As a result, you did not receive your mail in a timely manner and you were assessed with late fees and penalties.

Please be assured that it is our mission to provide you with quality postal services, and we are committed to accomplishing this goal. To ensure that your mail is forwarded properly in the future, Station Manager, Mary Marchand, has assured me that everything has been corrected. We will monitor this situation. Every effort will be made to improve your level of service.

Past experience has shown that financial institutions will give consideration to waiving the fees and penalties assessed when it is apparent that it is not the fault of the customer. It is my hope that this letter will be of assistance in explaining to your creditors and correspondents your unfortunate circumstances.

Please accept my sincere apology for any inconvenience this may have caused you. In the future, if you have any problems, you may contact your delivery supervisor at 239-277-3336.

Sincerely,

A handwritten signature in cursive script that reads "Anne M. Murray".

Anne Murray
Postmaster
Fort Myers/Cape Coral