


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90182 021 ***150.00

DOCUMENT # P97000055517	
1. Entity Name EILEEN C. GOLWAY, D.M.D., P.A.	

Principal Place of Business 5000 NW 27TH COURT SUITE A GAINESVILLE, FL 32606	Mailing Address 5000 NW 27TH COURT SUITE A GAINESVILLE, FL 32606
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40050230



2. Principal Place of Business - No P.O. Box # 6801 NW 9 BLVD Suite, Apt. #, etc. SUITE 3 City & State GAINESVILLE FL Zip 32605 Country ALACHUA	3. Mailing Address 6801 NW 9 BLVD Suite, Apt. #, etc. Suite 3 City & State GAINESVILLE, FL Zip 32605 Country ALACHUA
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04022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3453921	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLWAY, EILEEN C DMD 5000 NW 27TH COURT SUITE A GAINESVILLE, FL 32606	
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7. Name and Address of New Registered Agent Name EILEEN C. GOLWAY DMD, PA Street Address (P.O. Box Number is Not Acceptable) 6801 NW 9 BLVD Suite 3 City GAINESVILLE FL Zip Code 32605	
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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 *Eileen C. Golway* DATE 4-2-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO GOLWAY, EILEEN C DMD 5000 NW 27TH COURT, STE A 6801 NW 9 BLVD, STE 3 GAINESVILLE, FL 32606 32605	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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

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: *Eileen C. Golway* DATE 4-2-07 352-333-3683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #