2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

1. Entity Nan	MENT # P9700006 . SIAO, D.M.D., P.A.	4403				04-24-2006	90423 005	***150.0	00
Principal Plac	e of Rusingss	Mailing Address			 4-	սսչչ»⊷∽-	-		
Principal Place of Business 1125 S. UNIVERSITY DRIVE PLANTATION, FL 33324		1125 S. UNIVERSITY DRIVE PLANTATION, FL 33324			•	25			
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03092006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State		4. FEI Numb	er -			plied For	
Zip Country		Zip Country		ntry	65-077 5. Certificate	4583 of Status Desired		8.75 Add	
	6 Name and Address of Curren	t Registered Agent		Γ	7 Name and	Address of New		ee Require	a
Name and Address of Current Registered Agent				Name	7. Name and	Address of New	Kedisteled W	Jent	-
KEVIN C SIAO, D.M.D. 1125 S UNIVERSITY DR PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	
8. The above	named entity submits this statement f tions of registered agent.	or the purpose of changing	ng its register	ed office or re	gistered agent, or bo	th, in the State of F	lorida. I am fa	miliar with,	and accept
ti le obliga	ions or registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agen	y and title if applicable	AIOTE Resistan						
	Signature, typeo or printed risinte or registered agen	it and dite if applicable.	(NUTE: Hegistere		equired when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Ca Trust Fund	impaign Fina Contribution.	ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/	CHANGES TO OF	FICERS AND I	DIRECTOR:	S IN 11
TITLE	DP	☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS	SIAO, KEVIN C 5054 COUNTY BROOK DR		NAM	ME EET ADDRESS					
CITY-ST-ZIP	COOPER CITY, FL 33330			-ST-ZIP					
TITLE	V SIAO	Delete	TITL		•			☐ Change	Addition
NAME	SIAD, CHRISTINA		NAM						
STREET ADDRESS	5054 COUNTY BROOK DR			EET ADDRESS					
CITY-ST-ZIP	COOPER CITY, FL 33330	<u>.</u>		-ST-ZIP					
TITLE NAME		☐ Delete	TITL NAM	1				☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME			NAM					_	_
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS					
				'-ST-ZIP					
TITLE NAME		☐ Delete	TITL Nam					Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			1	r-ST-ZIP					
TITLE		☐ Delete	TITL	E	_			☐ Change	Addition
NAME			NAN-	EEE ADDRESS					
STREET VUURGE									

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.

CITY-ST-ZIP

SIGNATURE: X

CHUSTING C

CAAO

11/0 L (954) 474-411