


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90171 012 \*\*\*150.00

<b>DOCUMENT # P97000066189</b>	
1. Entity Name <b>DEBORAH YASKIN, D.M.D. P.A.</b>	

Principal Place of Business <b>5404 CORTEZ RD BRADENTON, FL 34210</b>	Mailing Address <b>PO BOX 14460 BRADENTON, FL 34280</b>
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40000100



2. Principal Place of Business - No P.O. Box # <b>5404 Cortez Rd. W.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>YASKIN, DEBORAH 524 71ST HOLMES BEACH, FL 32417</b>		7. Name and Address of New Registered Agent Name <b>YASKIN, DEBORAH</b> Street Address (P.O. Box Numbers Not Acceptable) <b>524 71 STREET</b> City <b>HOLMES BEACH FL</b> Zip Code <b>32417</b>	
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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 *Debra Yaskin DMD PA* DATE *4-16-07* *okay*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD YASKIN, DEBRA P.O. BOX 14460 BRADENTON, FL 34280 <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
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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: *Debra Yaskin DMD PA* DATE *4-16-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9417923321