

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90004 014 ***150.00

DOCUMENT # P97000091457

1. Entity Name
CITRUS ENDODONTICS, P.A.



Principal Place of Business
9401 SW HWY. 200
402
OCALA, FL 34481

Mailing Address
9401 SW HWY. 200
402
OCALA, FL 34481

50021868



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3475821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WISEMAN, NANCY
3350 E. GULF TO LAKE HWY.
INVERNESS, FL 34453

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WISEMAN, JERRY W
9301 SW HWY 200 SUITE 402
OCALA, FL 34481

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WISEMAN, NANCY
9401 SW HWY 200 SUITE 402
OCALA, FL 34481

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nancy Wiseman

7-5-06

352-873-4222

ATTACHMENT

Citrus Endodontics, P.A.
9401 SW Hwy 200, Ste 402
Ocala, FL 34481

50021868
#P97880091457

July 5, 2005

We have enclosed a check for \$150 for our corporation filing fee. We did not receive a form to file and I sent an email to you saying that we had not received our annual form for filing.

We are asking to have the late fee removed.

Many thanks,

Nancy Wiseman

