


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P57000108338 1. Entity Name CHARLES SEGLER, D.D.S., P.A.	
---	---

Principal Place of Business 2915 S FEDERAL HWY DUMAR PLAZA, SUITE #D-1 DELRAY BEACH FL 33483-3288	Mailing Address 2915 S FEDERAL HWY DUMAR PLAZA, SUITE #D-1 DELRAY BEACH FL 33483-3288
---	---



2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0802836
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent SEGLER, CHARLES DDS 2915 S FEDERAL HWY DUMAR PLAZA, STE D-1 DELRAY BEACH FL 33483-3217	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
---	--

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PST SEGLER, CHARLES DDS	
STREET ADDRESS	2915 S. FEDERAL HWY, STE D-1	
CITY- ST- ZIP	DELRAY BEACH FL 33483-3288	
TITLE NAME	V SEGLER, CHARLES DDS	<input type="checkbox"/> Delete
STREET ADDRESS	2915 S. FEDERAL HWY, STE D-1	
CITY- ST- ZIP	DELRAY BEACH FL 33483-3288	
TITLE NAME	T SEGLER, CHARLES DDS	<input type="checkbox"/> Delete
STREET ADDRESS	2915 S. FEDERAL HWY, STE D-1	
CITY- ST- ZIP	DELRAY BEACH FL 33483-3288	
TITLE NAME	S SEGLER, CHARLES DDS	<input type="checkbox"/> Delete
STREET ADDRESS	2915 S. FEDERAL HWY STE D-1	
CITY- ST- ZIP	DELRAY BEACH FL 33483-3288	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	U00000506254		
STREET ADDRESS	04/27/06-80016-007 150.00		
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY- ST- ZIP			
TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			
CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Charles Segler DDS* CHARLES SEGLER, DDS 04/07/06 (561) 478-6008