


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000001160		
1. Entity Name MICHAEL A. PODLUSKY, D.D.S., P.A.		
Principal Place of Business 10333 SEMINOLE BLVD, NO. 9 SEMINOLE, FL 33778	Mailing Address 10333 SEMINOLE BLVD, NO. 9 SEMINOLE, FL 33778	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ C/O PATEL, MOORE & O'CONNOR, P.A. 2240 BELLEAIR RD, STE 160 CLEARWATER, FL 33764		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PODLUSKY, MICHAEL A 10333 SEMINOLE BLVD, NO. 9 SEMINOLE, FL 33778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PODLUSKY, MICHELLE P 9275 123RD AVE N LARGO, FL 33773	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Michael A. Podluský</u> <u>Michael A. Podluský, President</u> <u>Jan 15-06</u> <u>727 393 8912</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3493326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/10/06-80008-011 150.00

**DO NOT WRITE
IN THIS SPACE**