


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90079 019 ***150.00

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| DOCUMENT # P98000014410 1. Entity Name MCLELLAN DENTAL, INC. | | | |  | |
| Principal Place of Business 1100-2 S. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084 | | | Mailing Address 1100-2 S. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-3493889 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ALEXANDER, J S ESQ 162 SAN MARCO AVENUE SUITE 4 ST. AUGUSTINE, FL 32084 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCLELLAN, MATT DR 60 SURFVIEW DR #304 PALM COAST, FL 32137 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7 Debra Lane Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCLELLAN, BARBARA DR 60 SURFVIEW DR #304 PALM COAST, FL 32137 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7 Debra Lane Palm Coast, FL 32137 <input checked="" 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: Matt Mclellan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-14-06 (904) 829-6321 <small>Date Daytime Phone #</small> | | |