**2006 FOR PROFIT CORPORATION ANNUAL REPORT** 

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000026685** HELEN E. TURNER, D.M.D., P.A.

Principal Place of Business 5603 STEWART STREET

Mailing Address

MILTON, FL 32570

**5603 STEWART STREET** MILTON, FL 32570

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3503649

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8506232294

7-5-06

6. Name and Address of Current Registered Agent

TURNER, HELEN E **5603 STEWART STREET MILTON, FL 32570** 

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its r	egistered office	or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and tible	Y applicable. (NOTE:	Registered Agent sign	ature required when rainstating)	DATÉ
	LE NOWIII. FEE IS \$550.00 ue by September 6, 2006	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE  D TURNER, HELEN E 5603 STEWART STREET MILTON, FL 32570	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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12. I hereby certify that the information supplied with this filling 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.					

Dr. Helen Turner

5603 Stewart St. Milton, FL 32570 (850) 623-2294 Page 2ar



Florida Department of State P.O. Box 6327 Tallahassee, Fl. 32314

RE: P9800026685

To Whom It May Concern:

I am writing to explain the delay in filing my 2006 annual report and would appreciate a review for special circumstances. During the months of December 2005 through April 2006, I was out of my office on an extended leave of absence. While my office continued to operate with a doctor perdiem, I was not on site and therefore not in control of receiving and opening all mail addressed to myself. Due to this unfortunate and unforseen situation, I am asking you to consider a waiver of the late fee that has been assessed to my renewal. Your records will show that I have always complied with filing requests and fees. If you would be so kind as to consider my special circumstances and waive the late fee assessed on my report, I would be extremely grateful. Thank you for your consideration of this matter.

Sincerely, Hellen E Quine, pro

Helen E. Turner, DMD