

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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07-07-2006 90004 017 ***150.00
FILED P98000026685

2006 JUL 18 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00061003



07052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3503649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resign

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Dr. Helen Turner

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



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 per diem, I was not on site and therefore not in control of receiving and opening all mail addressed to myself. Due to this unfortunate and unforeseen 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,

A handwritten signature in cursive script that reads "Helen E. Turner, DMD".

Helen E. Turner, DMD