2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# P98000028001

Entity Name: ALASAR DENTAL ASSOCIATES P.A.

Current Principal Place of Business:

950 N COLLIER BLVD STE 305
MARCO ISLAND, FL 33969

New Principal Place of Business:

950 N COLLIER BLVD STE 305
MARCO ISLAND, FL 34145

Current Mailing Address:

950 N COLLIER BLVD STE 305
MARCO ISLAND, FL 33969

New Mailing Address:

950 N COLLIER BLVD STE 305
MARCO ISLAND, FL 34145

FEI Number: 65-0829125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, STEVEN
950 N COLLIER BLVD
#305/306
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALEXANDER, STEVEN
Address: 950 N COLLIER BLVD #305
City-St-Zip: MARCO ISLAND, FL 34145

Title: S ( ) Delete
Name: ALEXANDER, RICHARD B
Address: 950 N COLLIER BLVD #305
City-St-Zip: MARCO ISLAND, FL 34145

Title: T ( ) Delete
Name: ALEXANDER, MARISSA
Address: 950 N COLLIER BLVD #305
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN ALEXANDER DDS DR 07/03/2006

Electronic Signature of Signing Officer or Director — Date