

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90052 022 \*\*\*150.00

<b>DOCUMENT # P98000038440</b>					
<b>1. Entity Name</b> STEPHEN P. BELCHER, D.D.S., P.A.					
<b>Principal Place of Business</b> 8899 TIMBERWILDE DR SUITE 1 BONITA SPRINGS, FL 34135			<b>Mailing Address</b> 8899 TIMBERWILDE DR SUITE 1 BONITA SPRINGS, FL 34135		
<b>2. Principal Place of Business - No P.O. Box #</b> 7508 Tree Line Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7508 Tree Line Drive Suite, Apt. #, etc.			
<b>City &amp; State</b> Naples FL Zip 34119 Country U.S.A.		<b>City &amp; State</b> NAPLES, FL Zip 34119 Country U.S.A.		<b>4. FEI Number</b> 65-0837233	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BELCHER, STEPHEN P 8899 TIMBERWILDE DR SUITE 1 BONITA SPRINGS, FL 34135			<b>7. Name and Address of New Registered Agent</b> Name Stephen P. Belcher Street Address (P.O. Box Number is Not Acceptable) 7508 Tree Line Drive City Naples FL Zip Code 34119		
<b>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.</b> SIGNATURE  DATE 1/24/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE DO NAME BELCHER, STEPHEN P STREET ADDRESS 8899 TIMBERWILDE DR SUITE 1 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE DO NAME Stephen P. Belcher STREET ADDRESS 7508 Tree Line Drive CITY-ST-ZIP Naples, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			Date 1/24/2008 Daytime Phone # 239-598-1198		