

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057668

**FILED**  
**Aug 31, 2005**  
**Secretary of State**

**Entity Name:** STIRLING PALM FAMILY DENTISTRY, INC.

**Current Principal Place of Business:**

10225 STIRLING ROAD  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

10225 STIRLING ROAD  
COOPER CITY, FL 33328

**New Mailing Address:**

**FEI Number:** 65-0846251      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEARSON, GLENN  
10225 STIRLING ROAD  
COOPER CITY, FL 33328      US

**Name and Address of New Registered Agent:**

PEARSON, GLENN A DR.  
10225 STIRLING ROAD  
COOPER CITY, FL 33328      US

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: GLENN PEARSON, DMD      08/31/2005  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:      PTD      ( ) Delete  
Name:      PEARSON, SHARON  
Address:      10225 STIRLING ROAD  
City-St-Zip:      COOPER CITY, FL 33328

Title:      VSD      ( ) Delete  
Name:      PEARSON, GLENN  
Address:      10225 STIRLING ROAD  
City-St-Zip:      COOPER CITY, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      PTD      (X) Change ( ) Addition  
Name:      PEARSON, SHARON G DR.  
Address:      10225 STIRLING ROAD  
City-St-Zip:      COOPER CITY, FL 33328

Title:      VSD      (X) Change ( ) Addition  
Name:      PEARSON, GLENN A DR.  
Address:      10225 STIRLING ROAD  
City-St-Zip:      COOPER CITY, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON PEARSON, DMD      PTD      08/31/2005  
Electronic Signature of Signing Officer or Director      Date