

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90220 044 ***150.00

DOCUMENT # P98000103366 1. Entity Name ALDERMAN DENTAL, P.A.			
Principal Place of Business 691 ALDERMAN ROAD, #9-D PALM HARBOR, FL 34683		Mailing Address 691 ALDERMAN ROAD, #9-D PALM HARBOR, FL 34683	
2. Principal Place of Business - No P.O. Box # 19N 2847 Palm Harbor Blvd. US Alternate		3. Mailing Address 2847 Palm Harbor Blvd. US Alt 19N	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Palm Harbor, FL		City & State Palm Harbor FL	
Zip 34683		Zip 34683	
Country 		Country 	
4. FEI Number 59-3548383		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACPHERSON, GILBERT P 1423 SOUTH FORT HARRISON AVE. CLEARWATER, FL 33756-2002		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME WILLIAMS, HOPETON G	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 691 ALDERMAN RD	2847 Palm Harbor Blvd. US Alternate 19N		
CITY-ST-ZIP PALM HARBOR, FL 34683			
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 			
CITY-ST-ZIP 			
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.			
SIGNATURE: <u>Hopeton Williams</u> <u>Hopeton Williams President</u> <u>1/9/07</u> <u>727-786-8338</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			