


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000003164 1. Entity Name SORIN DIMITRIU, D.D.S., P.A.	
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Principal Place of Business 1500 E HILLSBORO BLVD #208 DEERFIELD BEACH FL 33441	Mailing Address 1500 E HILLSBORO BLVD #208 DEERFIELD BEACH FL 33441
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0888778	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 DIMITRIU, SORIN 1500 E HILLSBORO BLVD 208 DEERFIELD BEACH FL 33441	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:  **SORIN DIMITRIU** DATE: **3-12-07**


(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11											
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">P</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">DIMITRIU, SORIN DDS</td> <td style="padding: 5px;">1500 E HILLSBORO BLVD STE 208</td> </tr> <tr> <td style="padding: 5px;">DEERFIELD BEACH FL 33441</td> <td style="padding: 5px;"></td> </tr> </table> </td> <td style="width: 50%; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Change</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table> </td> </tr> </table>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">P</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">DIMITRIU, SORIN DDS</td> <td style="padding: 5px;">1500 E HILLSBORO BLVD STE 208</td> </tr> <tr> <td style="padding: 5px;">DEERFIELD BEACH FL 33441</td> <td style="padding: 5px;"></td> </tr> </table>	P	<input type="checkbox"/> Delete	DIMITRIU, SORIN DDS	1500 E HILLSBORO BLVD STE 208	DEERFIELD BEACH FL 33441		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Change</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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03/23/07-80019-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee 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 attached page with an address, with all other like empowered

SIGNATURE:  **SORIN DIMITRIU 3-12-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #