## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## Secretary of State 02-14-2007 90052 042 \*\*\*150.00 DOCUMENT # P99000032811 RENÉ A. BRIGNONI, DMD, FACP, PA 40010000 Principal Place of Business Mailing Address 126 NW 76TH DR.SUITE C 500 NW 43RD STREET GAINESVILLE, FL 32607 STF 3 GAINESVILLE, FL 32607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Act # etc Suite, Apt. #, etc 01192007 CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 59-3569228 Not Applicable $Z_{\rm R}$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Gurrent Registered Agent 7. Name and Address of New Registered Agent BRIGNONI, RENE Street Address (P.O. Box Number is Not Acceptable) 500 NW 43RD STREET STF 3 GAINESVILLE, FL 32607 City 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature robed in onlinear air confinence agent and ribed applicable (NO\*E: Registered Agent signature required wheri reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS PO TITLE Change Addition ☐ Delete BRIGNONI, RENE A D.M.D. SALA NAME 3907 SW 86TH ST. STREET ADDRESS UPICE FOURESS GAINESVILLE, FL 32608 CHY ST ZIP CITY ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 613 NAME STHEET ADDRESS STREET ADDRESS CHY ST ZIP CITY-ST-ZIP Oelete TITLE 'n. ■ Addition MANU NAME Supre appeals STREET ADDRESS The Stage CITY ST ZIP ţ, ☐ Delete TITLE Change ☐ Addition NAME NAME SIREL ADDRESS STREET ADDRESS CITY ST ZIP CHY ST ZIP . Delete HILE ☐ Change Addition .... NAME SHEE ADDRESS STREET ADDRESS 1.1V S 123 CITY ST ZIP . Contra Delete TIFLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 11 St 715 CHY ST-ZIP 12. Unereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or it ustee 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

Zoleile

FILED Feb 14, 2007 8:00 am