2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90404 027 ***150 00

DOCUMENT # P99000032939 1. Entity Name ANTHONY J. DENAVARRA, D.M.D., P.A.								0	4-1 /-20	90404	02/ ***1	50.00
Principal Place of Business 419 PASADENA AVE. SOUTH ST. PETERSBURG, FL 33707			Mailing Address 419 PASADENA AVE. SOUTH ST. PETERSBURG, FL 33707				50012448					
2. Principal P 22 4 Suite, Apt.	3. Mailing Address 224 Pagader Suite, Apt. #, etc.	ina Auc S										
City & State	θ_		City & State				04012006 4. FEI Numb		hg-P	CR2E	034 (11/05)	pplied For
St. Petersburg, FL			St. Petersburg, FL				59-356	7845	5		_ 	ot Applicable
²¹⁰ 337	Zip 33707 Country USA		Zip 33707	Count	Country US		5. Certificate				\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent							7. Name and	Addr	ess of Ne	w Registered	Agent	
DENAVARRA, ANTHONY J 419 PASADENA AVE. SOUTH ST. PETERSBURG, FL 33707					Street Address (P.O. Box Number is Not Acceptable) 224 Pasadena Aue South							
					City 5	t. P	eters bu	/ G		FI	Zip Coo	33707
8. The above the obligation SIGNATURE_	ions of regist	tered rigent.	r the purpose of changing its			register	ed agent, or bo		he State o	f Florida. I am	- 1 :	
		FEE IS \$150.00 6 Fee will be \$550.	9. Election Campa Trust Fund Con	-	ncing		00 May Be ed to Fees					
10.	Р	OFFICERS AND		11.			ADDITIONS	/CHAN	IGES TO	OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DENAVAI 419 PASA	RRA, ANTHONY J ADENA AVE. SOUTH RSBURG, FL 33707	□ Delete				Pasado Petersb			2 33707	⊠ Change	☐ Addition
TITLE	٧		☐ Delete	TITLE			-				A. Change	Addition
NAME STREET ADDRESS CITY+ST-ZIP	DENAVARRA, MARY L 419 PASADENA AVE. SOUTH ST. PETERSBURG, FL 33707				E Et address -st-zip		Parade Petersk		Ave Fl	s 33707	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	L	1	· · · · · · · · · · · · · · · · · · ·					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete								Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Change	☐ Addition
indicated of the cor	on this repo poration or th	rt or supplemental report is he receiver or trustee emp	this filing does not qualify for true and accurate and that owered to execute this repon with all other like empowered	my signat t as requir	ture shall he	ave the s	ame legal offer	rt ac if	made una	for noth: that I	am ac officer	r or director