


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000032949
 1. Entity Name
TOMAS PEREZ, D.D.S., P.A.



Principal Place of Business Mailing Address
3900 BROADWAY AVE **3900 BROADWAY AVE**
BLDG D, #10 **BLDG D, #10**
FORT MYERS FL 33901 **FORT MYERS FL 33901**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FCJ Number Applied For
65-0917405 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PEREZ, TOMAS
1907 S.E. SANTA BARBARA PL.
CAPE CORAL FL 33990

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PEREZ, TOMAS 1907 S.E. SANTA BARBARA PL CAPE CORAL FL 33990 <input type="checkbox"/> Delete |
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| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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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 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: *Tomas Perez* Date: 3/8/06 Daytime Phone #: 239-274-553