


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90017 018 \*\*\*150.00

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| <b>DOCUMENT # P99000033178</b><br>1. Entity Name<br><b>GEORGE F. MEDLER, D.D.S., P.A.</b>  |  |   |  |  |   |
| Principal Place of Business<br><b>4270 LAKE IN THE WOODS DRIVE<br/>SPRING HILL, FL 34607</b>   |  |   | Mailing Address<br><b>4270 LAKE IN THE WOODS DRIVE<br/>SPRING HILL, FL 34607</b>   |   |   |
| 2. Principal Place of Business<br><b>10448 Northcliffe Blvd</b>  |  | 3. Mailing Address<br>  |  |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |   |
| City & State<br><b>Spring Hill, Florida</b>  |  | City & State  |  | 4. FEI Number<br><b>59-3575085</b>  |   |
| Zip<br><b>34608</b>  |  | Country<br><b>USA</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  | 01302006 Chg-P CR2E034 (11/05)  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MEDLER, GEORGE<br/>1016 FLORIAN WAY<br/>SPRING HILL, FL 34609</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |   |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MEDLER, GEORGE F<br>4270 LAKE IN THE WOODS DRIVE<br>SPRING HILL, FL 34607 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | D<br>Medler, George F<br>10448 Northcliffe Blvd.<br>Spring Hill, FL 34608 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MEDLER, RHONDA<br>4270 LAKE IN THE WOODS DRIVE<br>SPRING HILL, FL 34607   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | D<br>Medler, Rhonda<br>10448 Northcliffe Blvd.<br>Spring Hill, FL 34608   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |  |   |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |  |   |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |  |   |   |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |   |   |
| 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. |  |   |  |   |   |
| <b>SIGNATURE: George F. Medler Rhonda F. Medler</b> <b>1/30/06</b> <b>352-398-1130</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |   |   |