

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000062608	
1. Entity Name SUZANNE M. WILBUR, D.M.D., P.A.	

Principal Place of Business 800 ZEAGLER DR., STE. 420 PALATKA, FL 32178	Mailing Address 800 ZEAGLER DR., STE. 420 PALATKA, FL 32178
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DO NOT WRITE IN THIS SPACE

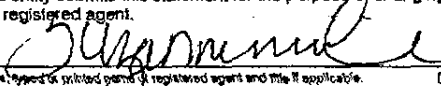


02232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3594085	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILBUR, SUZANNE M DMD 1833 LOCHARRY LN JACKSONVILLE, FL 32259

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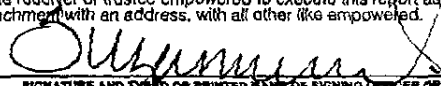
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Suzanne Wilbur	DATE 3/2/06
(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining))	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILBUR, SUZANNE M PA 800 ZEAGLER DR SUITE 420 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILBUR, BRAIN R 800 ZEAGLER DRIVE SUITE 420 PALATKA, FL 32177
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/06-80041-024 150.00

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IN THIS SPACE**

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.	
SIGNATURE:  Suzanne Wilbur	DATE 3/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	