


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90005 021 ***150.00

DOCUMENT # P99000068503	
1. Entity Name DEAN HILDAHL, M.D., P.A.	

Principal Place of Business 201 8TH ST SOUTH, SUITE 103 NAPLES, FL 34102	Mailing Address 201 8TH ST SOUTH, SUITE 103 NAPLES, FL 34102
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2. Principal Place of Business - No P.O. Box # 5500 Bryson DR. Suite, Apt. #, etc. Suite 301 City & State Naples FL Zip 34109 Country USA	3. Mailing Address 5500 Bryson DR. Suite, Apt. #, etc. Suite 301 City & State Naples FL Zip 34109 Country USA
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03072007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3587922	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HILDAHL, DEAN 6661 SANDALWOOD LANE NAPLES, FL 34109	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Dean Hildahl MD</i>	DATE 3/7/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Dean Hildahl MD</i>	DATE 3/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	