


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000071495**

1. Entity Name  
**LARRY ANDERSON, D.D.S., P.A.**



Principal Place of Business      Mailing Address

**877 111TH AVE N  
 STE 3  
 NAPLES, FL 34108**

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 STE 3  
 NAPLES, FL 34108**



04202006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3603239**      Applied For  
 Not Applicable

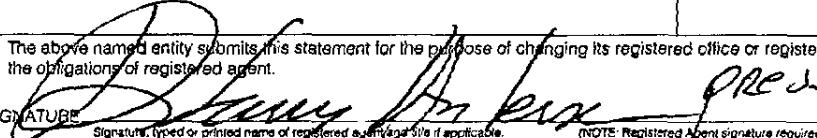
5. Certificate of Status Desired        **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, LARRY  
 877 111TH AVE NORTH  
 STE 3  
 NAPLES, FL 34108**

**DO NOT WRITE IN THIS SPACE**

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:       PREJ      DATE: **28 APR 06**

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**

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

10000071546917  
 05/12/06-80003-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C ANDERSON, LARRY DR 877 111TH AVE NORTH STE 3 NAPLES, FL 34108</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:       **LARRY ANDERSON**      Date: **4-28-06**      Daytime Phone #: **(239) 566-7737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR