2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000076914

1. Entity Name KIP RING, D.D.S.,P.A.



Principal Place of Business

KIP RING

7500 NW 5TH ST, SUITE 108 PLANTATION, FL 33317 Mailing Address

KIP RING

7500 NW 5TH ST, SUITE 108 PLANTATION, FL 33317

FILED Jan 24, 2006 8:00 am Secretary of State

01-24-2006 90011 032 ***150.00



DO	NOT	WRITE	IN	THIS	SPACE
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01172006	No Chg-P	E034 (11/05)
4. FEI Number	<u> </u>	 Applied For
65-09767	774	Not Applicable
5. Certificate of	Status Desired	\$8.75 Additional

6	. Name	and Address of	Current Reg	gistered	Agent

RING, KIP 7500 NW 5TH ST STE. 108 PLANTATION, FL 33317-2358

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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	Signature, typed or printed name of registared agent and little	Chris if applicable. (NOTE: Registere	Han d Agent signature	Ring (K	p) owner 1/18/06
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RING, KIP 7500 NW 5TH ST, SUITE 108 PLANTATION, FL 333172358				
TITLE NAME STREET ADDRESS CITY-ST-ZIP]		
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR