

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000093594**

1. Entity Name  
TAVARES DENTAL EXCELLENCE, P.A.



Principal Place of Business

215 E BURLEIGH BLVD  
TAVARES, FL 32778

Mailing Address

215 E BURLEIGH BLVD  
TAVARES, FL 32778



03122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3610306

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

REINERTSEN, CHARLES W D.M.D.  
215 E BURLEIGH BLVD  
TAVARES, FL 32778

**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 Charles W. Reinertsen, DMD CHARLES W. REINERTSEN, DMD  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

3-16-2007  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINERTSEN, CHARLES W D.M.D. 215 E BURLEIGH BLVD TAVARES, FL 32778
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U000000669891  
03/27/07-80088-018 150.00

**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: Charles W. Reinertsen, DMD CHARLES W. REINERTSEN, DMD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-2007  
Date

Daytime Phone #