2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P99000107897



FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90056 024 ***150.00

JEFFREY F. JOFFE, DMD, P.A.				
Principal Place of Business	Mailing Address	,	34	
2705 TAMIAMI TRAIL	2705 TAMIAMI TRAIL	* . * ·		
STE. 112	STE. 112		'	
PUNTA GORDA, FL 33950	PUNTA GORDA, FL 339	3 50		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04092007 Chg-P CR2E034 (12/06)	
City & State	City & State		4. FEI Number Applied For 65-0967275 Not Applied	
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Curre	nt Registered Agent	None	7. Name and Address of New Registered Agent	_
JOFFE, JEFFREY F		Name		l
2705 TAMIAMI TRAIL		Street Addres	ss (P.O. Box Number is Not Acceptable)	
STE. 112				
PUNTA GORDA, FL 33950				
		City	FL Zip Code	
8. The above named entity submits this statement	t for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acce	ept
the obligations of registered agent.		, , , , , , , , , , , , , , , , , , ,	•	.,
SIGNATURE				
Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE	: Registered Agent signature recu	uired when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550	9. Election Campai 0.00 Trust Fund Contr	ign Financing \$ ribution.	\$5.00 May Be Added to Fees	
After May 1, 2007 Fee will be \$550		ign Financing \$ ribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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indicated on this report or supplied with this filing does not quality 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:

NAME OF SIGNING OFFICER OR DIRECTOR

941 637 6003