

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED

07 AUG -7 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3617011 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

O'MALLEY, ANDREW M
712 SOUTH OREGON AVE.
TAMPA, FL 33606

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

200108386452
10/21/07--01053--017 **150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOLCOMBE, RODNEY F
STREET ADDRESS 15303 AMBERLY DRIVE SUITE D
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

208/9

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Advanced Dental Associates

*Cosmetic & Family Dentistry
at Tampa Palms*

July 19, 2007

Division of Corporation
ATTN: Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am sending this letter along with the 2007 for Profit Corporation Annual Report and a replacement check for \$150.00. I originally filed this paperwork and sent a check on January 18, 2007. Apparently the post office failed to deliver it to your office.

Please waive any penalty and late fee that may have been assessed to my account.

Sincerely,

Rodney F. Holcombe, D.D.S.

Rodney F. Holcombe, D.D.S.

15303 Amberly Drive, Suite D, Tampa, Florida 33647
fax: 813.978.0363 drholcombe.com

813.972.9077