

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000111383

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: TORY R. LINDH, D.M.D., P.A.

**Current Principal Place of Business:**

7500 NORTHWEST 5TH STREET  
#103  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

7500 NORTHWEST 5TH STREET  
#103  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 65-0970611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINDH, TORY R  
7500 NW 5TH ST  
103  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LINDH, TORY R  
Address: 7500 NORTHWEST 5TH STREET #103  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TORY LINDH

PRES

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date