2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S14288

1. Entity Name
CAUSEY C. LEE, D.D.S., P.A.

Principal Place of Business	Mailing Address
1790 W. 49 STREET SUITE 110 HIALEAH, FL 33012	1790 W. 49 STREET SUITE 110 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

07232008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0230955	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, CAUSEY C.
1790 WEST 49 STREET
SUITE 105
HIALEAH, FL 33012

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 $550.00
Due by September 12, 2008

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

U00000956481
07/28/08-80004-025 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEE, CAUSEY C.
STREET ADDRESS	1790 WEST 49 STREET SUITE 110
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	ST
NAME	LEE, SHEILA S.
STREET ADDRESS	1790 WEST 49 STREET SUITE 110
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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: _____   07/24/08   305 558 5384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #