

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # S22156

1. Entity Name  
 FRIENDSHIP CENTER DENTAL OFFICE, INC.



Principal Place of Business  
 8441 SOUTHWEST STATE ROAD 200  
 STE 115  
 OCALA, FL 34481 US

Mailing Address  
 8441 SOUTHWEST STATE ROAD 200  
 STE 115  
 OCALA, FL 34481 US



01302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3061147

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BUCY, DMD B  
 8441 SW STATE RD., SUITE 115  
 OCALA, FL 34481

**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, 2006 Fee will be \$550.00**

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

**TO: OFFICERS AND DIRECTORS**

TITLE: D  
 NAME: BUCY, BARBARA DMD  
 STREET ADDRESS: 8441 SW STATE RD 200, STE 115  
 CITY- ST- ZIP: OCALA, FL

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U00000433762  
 02/24/06-80031-018 150.00  
**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:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/MO/YEAR