

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S52237

1. Entity Name

THOMAS WARD D.M.D. P.A.



FILED
Mar 06, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0261061** ☐ Applied For ☐ Not Applied

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

6. Name and Address of Current Registered Agent

WARD, THOMAS DMD
848 BRICKELL AVE #1020
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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

FEE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	WARD, THOMAS DMD	
STREET ADDRESS	655 SW 20 RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ Delete
NAME	UTSET-WARD, LUISA	
STREET ADDRESS	655 SW 20 RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☐ Delete
NAME	UTSET, LUISA M	
STREET ADDRESS	471 SW 25 RD	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME	000000458050	
STREET ADDRESS	03/17/06-80029-003 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another filing empowered.

SIGNATURE: *Luisa M. Utset* Luisa M. Utset 3/3/06 305-3778