2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# S66320

Entity Name: CIRIC FAMILY DENTISTRY INC.

Current Principal Place of Business:	**New Principal Place of Business:**
3504 CARDINAL PT DR JACKSONVILLE, FL 32257 US	

Current Mailing Address:	**New Mailing Address:**
3504 CARDINAL PT DR JACKSONVILLE, FL 32257 US	

FEI Number: 59-3078049   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CIRIC, DRAGOLJUB 3765 SALTMEADOW COURT S JACKSONVILLE, FL 32224 US	

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:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: VPST ( ) Delete		Title: ( ) Change ( ) Addition	
Name: CIRIC, RUZICA,		Name:	
Address: 3765 SALT MEADOW COURT S		Address:	
City-St-Zip: JACKSONVILLE, FL 32224		City-St-Zip:	
Title: VPST ( ) Delete		Title: ( ) Change ( ) Addition	
Name: CIRIC, DRAGOLYUB,		Name:	
Address: 3765 SALTMEADOW COURT S		Address:	
City-St-Zip: JACKSONVILLE, FL 32224		City-St-Zip:	
Title: P ( ) Delete		Title: P (X) Change ( ) Addition	
Name: CIRIC, SLOBODAN DMD		Name: CIRIC, SLOBODAN DMD	
Address: 7144 MADRID AVENUE		Address: 11701 CRUSSELLE DR	
City-St-Zip: JACKSONVILLE, FL 32217		City-St-Zip: JACKSONVILLE, FL 32223	

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: SLOBODAN CIRIC DMD   P   04/13/2006

Electronic Signature of Signing Officer or Director   Date