2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S78486

Entity Name: LYNDA COLAIZZI, D.M.D., P.A.

FILED Sep 01, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
6730 S.W. : MIAMI, FL :	141 STREET 33158 US				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
6730 S.W. : MIAMI, FL :	141 STREET 33158 US				
FEI Number:	65-0282879	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SHAPIRO, I 80 SW 8TH MIAMI, FL	ST #2900		SHAPIRO, MYRON 80 SW 8TH ST #3000 MIAMI, FL 33130 US	6	
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:				09/01/2007	
Electronic Signature of Registered Agent			nt	Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DR. () COLAIZZI, LYNE 6730 SW 141 S ⁻ MIAMI, FL 3315	TREEET	Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: LYNDA R. COLAIZZI DR. 09/01/2007