

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # V68805 1. Entity Name LAUREL RIDGE DENTAL ASSOCIATES, INC.					
Principal Place of Business 7277 BEE RIDGE RD. SARASOTA FL 34241			Mailing Address 7277 BEE RIDGE RD. SARASOTA FL 34241 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0360623				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, MARY I 7277 BEERIDGE RD SARASOTA FL 34241			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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$350.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP PORTER, MARY I. 7277 BEERIDGE ROAD SARASOTA FL 34241		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete U00000458516 03/17/06-80045-016 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCABE, TODD W. 7277 BEERIDGE ROAD SARASOTA FL 34241		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
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 all other like empowered.					
SIGNATURE: _____			3-1-06 941.371-306		