


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0360623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTER, MARY I
 7277 BEERIDGE RD
 SARASOTA, FL 34241

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

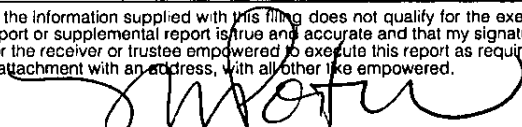
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PORTER, MARY I. 7277 BEERIDGE ROAD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCABE, TODD W. 7277 BEERIDGE ROAD SARASOTA, FL 34241
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 01/23/08-80067-023 150.00

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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 I am empowered.

SIGNATURE:  **1-14-08** **941-377-3635**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #