2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467224

FILED Jan 25, 2004 Secretary of State

Entity Name: COMPREHENSIVE DENTAL CENTER OF SANTA ROSA COUNTY, P.A.

Current F	rincipal Place	of Business:	New Principal Place	of Business:
	RYHILL RD. FL 32570 US	3		
Current N	lailing Addres	s:	New Mailing Address	s:
	RYHILL RD. FL 32570 US	3		
El Number	: 59-1572328	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:
908 BER	J.C., D.D.S. RYHILL ROAD FL 32570			
AIL I OIN, I	L 32370			
he above		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
he above	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
he above the Stat	e named entity s e of Florida. RE:	submits this statement for the particles in the particles of Signature of Registered Ago		d office or registered agent, or both, Date
The above in the Stat	e named entity s e of Florida. RE: Electron	·		
The above in the Stat BIGNATU	e named entity s e of Florida. RE: Electron	ic Signature of Registered Ago	ent	
The above in the Stat BIGNATU	e named entity se of Florida. RE: Electron mpaign Financing S AND DIREC	ic Signature of Registered Ago Trust Fund Contribution (). FORS: Delete	ent	Date
The above in the State SIGNATU Election Ca DFFICER Title: Jame: Jam	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT PDO () OTTLEY,J. C., BERRYHILL RD MILTON, FL	ic Signature of Registered Age Trust Fund Contribution (). FORS: Delete	ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: J.C.OTTLEY PDO 01/25/2004