

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 534748

FILED
Jan 05, 2005
Secretary of State

Entity Name: PELICAN RIDGE DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

6100 TRAIL BLVD N. #1
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

6100 TRAIL BLVD N. #1
SUITE #1
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-1745406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMBLE, G M
6100 TRIAL BLVD N. #1
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

Title: PTC () Delete
Name: WOMBLE, G. MICHAEL,
Address: 6100 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL

Title: VS () Delete
Name: WOMBLE, BETTY J.,
Address: 6100 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL

Title: T () Delete
Name: WOMBLE, MARY ANNE
Address: 6100 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: SULLIVAN, WILLIAM N DDS
Address: 6100 TRAIL BLVD NORTH STE #1
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM N SULLIVAN

DIRE

01/05/2005

Electronic Signature of Signing Officer or Director

Date