

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H09181 1. Entity Name OBROCHTA CENTER FOR DENTAL HEALTH/STEPHEN P. OBROCHTA D.D.S. P.A.		
Principal Place of Business 4464 CENTRAL AVE. ST. PETERSBURG, FL 33711	Mailing Address 4464 CENTRAL AVE. ST. PETERSBURG, FL 33711	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OBROCHTA, STEPHEN P. 4464 CENTRAL AVENUE ST. PETERSBURG, FL 33711		DO NOT WRITE IN THIS SPACE
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, 2004 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	SP- S.D. S. OBROCHTA, STEPHEN P. 4464 CENTRAL AVENUE SAINT PETERSBURG, FL 33711	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/7/03 - 727 331 4464 Date Daytime Phone #



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2415901	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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04/20/04-80018-004 150.00

**DO NOT WRITE
IN THIS SPACE**