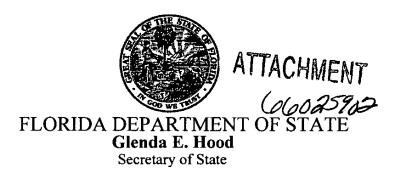
2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 18, 2005 8:00 am Secretary of State DOCUMENT # J07522 1. Entity Name 07-25-2005 90097 008 ***550.00 JOHN H. GALBERRY, D.D.S., P.A. Principal Place of Business Mailing Address % JOHN H. GALBERRY 3003 S. FLORIDA AVE., SUITE 101 LAKELAND FL 33803 % JOHN H. GALBERRY 3003 S. FLORIDA AVE., SUITE 101 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FE! Number Applied For 59-2667209 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALBERRY, JOHN H. Street Address (P.O. Box Number is Not Acceptable) 3003 S. FLÖRIDA AVE., SUITE 101 LAKELAND FL 33803 City 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 to printed nome of registered agent and tale it appealable (NOTE Receivered Agent Stonature required when ministered) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NALE GALBERRY, JOHN H. NAME 3003 S. FLORIDA AVE #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-2P INTE Oetete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-51-7/2 TETLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY SI-ZIP CITY-ST-ZP DRE Oel ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Del eta TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SI-7IP TITLE Del ete TIFLE ☐ Change Addition HANG HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 eath; that I am an officer or director of the corporation or, file 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:

H. Galberry D.ds

FILED



1.

July 28, 2005

JOHN H. GALBERRY,D.D.S., P.A. % JOHN H. GALBERRY 3003 S. FLORIDA AVE., SUITE 101 LAKELAND, FL 33803

Subject: JOHN H. GALBERRY, D.D.S., P.A.

Reference Number:

J07522

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS ANNUAL REPORTS SECTION