


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049569 1. Entity Name ANN M. DIBELLA, D.M.D., P.A.	
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Principal Place of Business 415 SOUTH FEDERAL HIGHWAY SUITE #1 LAKE WORTH, FL 33460	Mailing Address 415 SOUTH FEDERAL HIGHWAY SUITE #1 LAKE WORTH, FL 33460
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3647976	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DI BELLA, ANN M
 415 S. FEDERAL HWY #1
 LAKE WORTH, FL 33460

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 _____ (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	PSTD DIBELLA, ANN M 415 SOUTH FEDERAL HIGHWAY LAKE WORTH, FL 33460
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06/16/04--01053--010 **550.00

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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)(i), 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: Ann M. Dibella, DMD Ann M. DIBELLA, DMD 6/8/04 561-588-1701

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