

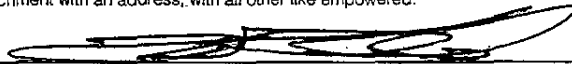


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000009090</b>			
1. Entity Name RICHARD PETRILLI, DMD, PA			
Principal Place of Business 1585 N ROCK SPRINGS RD APOPKA, FL 32712		Mailing Address 1585 N ROCK SPRINGS RD APOPKA, FL 32712	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04202004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 32-0002511	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PETRILLI, RICHARD 1585 N ROCK SPRINGS RD APOPKA, FL 32712		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000129655 04/26/04-80087-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETRILLI, RICHARD 1585 N ROCK SPRINGS RD APOPKA, FL 32712		
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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: 		4-21-04 (407) 884-1846	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	