


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000056464  
 1. Entity Name  
 ERIC S. HAGER, D.M.D., P.A.



Principal Place of Business      Mailing Address  
 2261 SARNO RD                      2261 SARNO RD  
 MELBOURNE, FL 32935              MELBOURNE, FL 32935

**DO NOT WRITE IN THIS SPACE**



04222005      No Chg-P      CR2E034 (10/03)

4. FEI Number                      Applied For  
 59-3196937                          Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAGER, ERIC S  
 2261 SARNO RD  
 MELBOURNE, FL 32935

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAGER, ERIC S
STREET ADDRESS	2261 SARNO RD
CITY - ST - ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/05/05-80022-014 150.00

**DO NOT WRITE IN THIS SPACE**

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: Eric S. Hager      4/28/05      \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #