

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023549

FILED  
Mar 06, 2005  
Secretary of State

Entity Name: WEITH DENTAL CARE, P.A.

**Current Principal Place of Business:**

3109 W SWANN AVE  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

3109 W SWANN AVE  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 59-3235778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEITH, WILLIAM  
5486 FAIRSWAY DR.  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEITH, WILLIAM PRES  
Address: 5486 FRIARSWAY DR.  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: WEITH, CAROL C SEC/TRE  
Address: 5486 FRIARSWAY DR.  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: WEITH, WILLIAM PRES  
Address: 5486 FRIARSWAY DR.  
City-St-Zip: TAMPA, FL 33624

Title: DR. (X) Change ( ) Addition  
Name: WEITH, CAROL C SEC/TRE  
Address: 5486 FRIARSWAY DR.  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL C. WEITH

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DR.

03/06/2005

\_\_\_\_\_ Date