2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000004589

1. Entity Name FLORIDA DENTAL ARTS, INC.

FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

1431 SOUTHEAST 10TH STREET CAPE CORAL, FL 33990

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DO NOT WRITE IN THIS SPACE

02172004 No Chg-P CF

CR2E034 (10/03)

4. FEI Number 65-0032692 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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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 Signature Typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating). DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS CHY ST-ZIP	PSTD CSIKI, ROZALIA 1431 SOUTHEAST 10TH STREET CAPE CORAL, FL 33990				U00000137945	
TATLE NAME STREET ADDRESS CITY ST ZIP	V CSIKI, ERVIN 1431 SOUTHEAST 10TH STREET CAPE CORAL, FL 33990				ú4, 29/04-900 5 0-021 1	50.00
TUTLE NAME STREET ADDRESS CITY ST ZIP				DO	NOT WRITE	'
NAME STREET ADDRESS CITY ST ZIP			=	IN '	THIS SPACE	:
TITLE NAME STREET ADDRESS 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 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:

NAME STREET ADDRESS CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UIN

-3.22.04 -239.772.231

Daytime Phone 4