


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

| | | | | | | | | | | | | | | |
|---|---------------------------------|---|---------------------------------|------|--------------------|--|----------------|---------------------------------|--|---------------|---------------------|--|---|--|
| DOCUMENT # P96000052901 1. Entity Name RICHARD C. DOUGLAS, D.D.S., P.A. | |  | | | | | | | | | | | | |
| Principal Place of Business 660 NORTH STATE ROAD 7 SUITE 12 PLANTATION FL 33317 US | | Mailing Address 660 NORTH STATE ROAD 7 SUITE 12 PLANTATION FL 33317 US | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | |
| City & State | | City & State | | | | | | | | | | | | |
| Zip | Country | Zip | Country | | | | | | | | | | | |
| 4. FEI Number 65-0676508 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent LEON-RUBIDO, MARLENE ESQ 8500 WEST FLAGLER STREET SUITE A-105 MIAMI FL 33144-2037 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | | | | | | | | | | |
| | | FL Zip Code | | | | | | | | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | |
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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)(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. | | Date: 1-24-05 Daytime Phone # | | | | | | | | | | | | |



1st MOORE CR2E034 (10/04)

65-0676508

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEON-RUBIDO, MARLENE ESQ
8500 WEST FLAGLER STREET
SUITE A-105
MIAMI FL 33144-2037**

Name
 Street Address (P.O. Box Number is Not Acceptable)

 City

FL | Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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SIGNATURE: _____ Date: **1-24-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR