

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000074239

FILED
Feb 16, 2004
Secretary of State

Entity Name: MARC E. OTTENGA, D.D.S., P.A.

Current Principal Place of Business:

5739 CANTON COVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

682 LAMOKA COURT
WINTER SPRINGS, FL 32708

Current Mailing Address:

5739 CANTON COVE
WINTER SPRINGS, FL 32708

New Mailing Address:

682 LAMOKA COURT
WINTER SPRINGS, FL 32708

FEI Number: 59-3401085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTTENGA, MARC E D.D.S.
5739 CANTON COVE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

OTTENGA, MARC E D.D.S.
682 LAMOKA COURT
WINTER SPRINGS, FL 32708 US

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

02/16/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: OTTENGA, MARC E D.D.S.
Address: 5739 CANTON COVE
City-St-Zip: WINTER SPRINGS, FL

Title: S () Delete
Name: OTTENGA CATHERINE,
Address: 5739 CANTON COVE
City-St-Zip: WINTER SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: OTTENGA, MARC E D.D.S.
Address: 682 LAMOKA COURT
City-St-Zip: WINTER SPRINGS, FL

Title: S (X) Change () Addition
Name: OTTENGA CATHERINE,
Address: 682 LAMOKA COURT
City-St-Zip: WINTER SPRINGS, FL

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: MARC E. OTTENGA, DDS

Electronic Signature of Signing Officer or Director

PRES

02/16/2004

Date