

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005232

FILED
Apr 17, 2004
Secretary of State

Entity Name: JOHN M. CONTI, DMD, PA.

Current Principal Place of Business:

100 1ST AVENUE SOUTH
SUITE 480
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

100 1ST AVENUE SOUTH
SUITE 480
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3438131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, RONALD C
1300 88TH AVENUE NORTH
ST PETERSBURG, FL 33702

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: P () Delete
Name: JOHN M CONTI, DMD
Address: 100 1ST AVENUE SOUTH SUITE 480
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S () Delete
Name: SUZANNE CONTI,
Address: 100 1ST AVENUE SOUTH SUITE 480
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN M CONTI

P

04/17/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date