


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000055557**  
1. Entity Name  
**FAMILY & COSMETIC DENTISTRY, P.A.**



Principal Place of Business      Mailing Address  
**316 SW 16TH AVE**      **316 SW 16TH AVE**  
**GAINESVILLE FL 32601**      **GAINESVILLE FL 32601**

**DO NOT WRITE IN THIS SPACE**



02172004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3619526**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HUGHES, BERTRAM J**  
**316 S.W. 16TH AVE.**  
**GAINESVILLE, FL 32601**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U000000056849  
02/19/04-80038-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERTRAM, HUGHES J
STREET ADDRESS	316 S.W. 16TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	S
NAME	HUGHES, BRENNAN L
STREET ADDRESS	316 SW 16TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 326018540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**       **2/17/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #