2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90112 030 ***150.00

DOCUMENT # P99000080313

1. Entity Name
CARTER WALLER, D.M.D., P.A.

Principal Place of Business	Mailing Address
318 PLAZA REAL BOCA RATON, FL 33432	490 WIGET LANE WALNUT CREEK, CA 94598

03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1557321
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WALLER, CARTER
STREET ADDRESS	318 PLAZA REAL
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	President
NAME	Julian Fenerey
STREET ADDRESS	490 - N. Wiget Lane
CITY-ST-ZIP	Walnut Creek, CA 94598
TITLE	CFO
NAME	KEN CZAJA
STREET ADDRESS	490 - N. Wiget Lane
CITY-ST-ZIP	Walnut Creek, CA 94598
TITLE	CEO
NAME	Greg Coccari
STREET ADDRESS	490 N. Wiget Lane
CITY-ST-ZIP	Walnut Creek.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ KEN CZAJA - CFO 3/25/05 925-279-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #