

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90234 023 ***150.00

DOCUMENT # J42063

1. Entity Name
AMERICAN DENTAL CARE OF DELRAY, INC.



Principal Place of Business
**3115 SOUTH FEDERAL HIGHWAY
DELRAY BEACH, FL 33483**

Mailing Address
**3115 SOUTH FEDERAL HIGHWAY
~~438 NORTH SWINTON AVE~~
DELRAY BEACH, FL 33483 US**

94074678



2. Principal Place of Business

3. Mailing Address

3115 S. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State

City & State
DELRAY BEACH, FL

4. FEI Number
59-2724644

Applied For
Not Applicable

Zip

Country

Zip

33483

Country

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCAULEY, MARK C
3115 SOUTH FEDERAL HWY.
DELRAY BEACH, FL 33483**

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

Signature, typed or printed name of registered agent and title if applicable

(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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MCCAULEY, MARK C ☐ Delete
STREET ADDRESS 764 JEFFERY ST.
CITY-ST-ZIP BOCA RATON, FL 33463

TITLE PD ☒ Change ☐ Addition
NAME MCCAULEY, MARK C.
STREET ADDRESS 3115 SOUTH FEDERAL HWY
CITY-ST-ZIP DELRAY BCH, FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *x [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04