2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2004 08:00 AM DOCUMENT # 464774 Secretary of State 1. Entity Name SPOTO, GERALD, D.D.S., P.A. Principal Place of Business Mailing Address **5420 WEBB ROAD** 5420 WEBB ROAD STE AZ TAMPA FL 33615 STE A2 **TAMPA FL 33615** 2. Principal Place of Business 3. Mailing Address NA N/A-Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State Applied For City & State 59-1560150 Not Applicable Zip Country AJ A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ·Name SPOTO, GERALD L. 7131 PÉLICAN ISLAND DR. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** City 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE . Signature: hyped or primed name of registered agont and life if applicable (NOTE Registered Agent signature required when remainting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004. Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete MLE Change Addition U00000061435 SPOTO, GERALD L. NAME MARKE 02/23/04-80080-019 150.00 STREET ADDRESS 7131 PELICAN ISLAND DR. STREET ADDRESS **TAMPA FL 33634** CITY-ST-ZIP CITY - ST - ZIP DΒ TITLE TIME ☐ Delete ☐ Change ☐ Addition SPOTO, MARSHALL NAME MANAF STREET ADDRESS 7926 W HILLSBOROUGH STREET ADDRESS TAMPA FL City-ST-ZIP DHY-SI-Z# TIRE ☐ Delete RILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-S1-Z8P CITY-ST-ZIP THE ☐ Addition ☐ Delete T(3) F ☐ Change NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:

Gerald L. Sputo DDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04 813 884 3287

FILED