
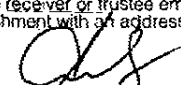


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 464774 1. Entity Name SPOTO, GERALD, D.D.S., P.A.					
Principal Place of Business 5420 WEBB ROAD STE A2 TAMPA FL 33615			Mailing Address 5420 WEBB ROAD STE A2 TAMPA FL 33615		
2. Principal Place of Business N/A		3. Mailing Address N/A			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A			
City & State N/A		City & State N/A			
Zip N/A		Country N/A		4. FEI Number 59-1560150	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPOTO, GERALD L. 7131 PELICAN ISLAND DR. TAMPA FL 33615			7. Name and Address of New Registered Agent Name N/A 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SPOTO, GERALD L. 7131 PELICAN ISLAND DR. TAMPA FL 33634		TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000061435 02/23/04-80080-019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. SPOTO, MARSHALL 7926 W HILLSBOROUGH TAMPA FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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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:  Gerald L. Spoto DDS			4-7-04 913 884 3287		