

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90032 017 ***150.00

DOCUMENT # 465459

1. Entity Name
ROBERT G. MCDOLE, D.M.D., P.A.



Principal Place of Business
**590 S MAIN ST
WILDWOOD, FL 34785**

Mailing Address
**590 S MAIN ST
WILDWOOD, FL 34785**

9403100-



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1560882

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THORNTON, RANDALL N.
P O BOX 58, 2008N C 470
LAKE PANASOFKEE, FL 33538**

7. Name and Address of New Registered Agent

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 re-registering)

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

TITLE PD
NAME MCDOLE, ROBERT G
STREET ADDRESS 590 S MAIN ST.
CITY-ST-ZIP WILDWOOD, FL

☐ Delete

TITLE S
NAME MEEHAN, WEYMAN
STREET ADDRESS 939 SANDCREST DR
CITY-ST-ZIP PORT ORANGE, FL 321274822

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT G. MCDOLE

Date

Daytime Phone #

3-15-04 (3rd) 748-6880