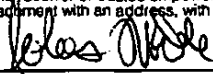


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 15, 2005 8:00 am
Secretary of State

03-21-2005 90077 042 ***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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1560882	
				Applied For ☐ Not Applicable	
				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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCDOLE, ROBERT G 590 S MAIN ST. WILDWOOD, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MEEHAN, WEYMAN 839 SANDCREST DR PORT ORANGE, FL 321274822	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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: 		ROBERT G. MCDOLE		2/2/05 (352) 748-1880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66010133



01182005 Chg-P CR2E034 (10/03)