## **2004 FOR PROFIT CORPORATION**

## **FILED** Mar 19, 2004 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCUMENT # 487999					Secreta	ing of State
<ol> <li>Entity Name</li> <li>JOHN M.</li> </ol>	<sup>16</sup> RICHARDS, D.D.S., M.S.,					
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Principal Plac	e of Business	Mailing Address			•	
1635 MEDIC		1635 MEDICAL LANE				
FT MYERS, F	1 3390/	FT MYERS, FL 33907		( SERVIC ROUSE )	1511 (SANTA 1822) 1811) B tule 828	it Manii mania Minat wani manimi at an i
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	O NOT WRITE	: IN TUIC CD	NOE	03102004	No Chg-P	CR2E034 (10/03)
				4. FEI Number 59-1622	972	Applied For Not Applicable
				5. Certificate o		\$8.75 Additional
s ingging	6. Name and Address of Curren	t Registered Agent				Fee Required
BICLIADO						g fathfylg y ar follolland at sil B <del>yllindin</del>
RICHARDS, JOHN M. 1635 MEDICAL LANE				a manage and a second	<b>NOT WA</b>	
FT. METE	RS, FL 33907			IN T	HIS SPA	CE
	a named entity submits this statement t	or the purpose of changing its regis	stered office or registe	red agent, or both	, in the State of Florid	a. I am familiar with, and accept
the obliga	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agen	t and tale if applicable. (NOTE: Regi	stored Agent signature require	id when remataing)	No.	DATE
<u> </u>		& Clarker Computer 5	TANTON PE	. 00		
FIL After M	E NOW!!! FEE IS \$150.00 lay 1, 2004 Fee will be \$550	S. Election Campaign F     Trust Fund Contribution		i.00 May Be ded to Fees		
10.	OFFICERS AND	DERECTORS		digaalasii paadiiga	see for the growth of the deposition	Secure Section of Section Section
HILE NAME	PD RICHARDS, JOHN M DDS					
STREET ADDRESS	1635 MEDICAL LANE					
CHY-SI-ZIP	FT. MEYERS, FL 33907				LOOQOOQ	8591-015 ISO.00
NAME			1.43.52		USK 13/UF-8	WILLTUID: 15U. JU
STREET ADDRESS CITY-ST-ZIP			a 191			
TITLE	<del> </del>	. <u>,</u>				interestate errorrorre greenprive file
NAME						<u>1414.</u>
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TIRE				IN T	HIS SPA	ACE
NAME STREET ADDRESS						
CAY-ST-ZIP		<u></u>		Denizaki		
TATLE NAME						
STREET ADDRESS						
CSTY-ST-ZIP	1		. 📑 Parit Manda.	. Samuel all stationaries	rind, kana a bhallalak	sissaceri, maa, valtalamma kiikirkist ului

12. I hereby 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 path; 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:

BITH

STREET ADDRESS CHY-ST-ZP