

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 503087</b> 1. Entity Name WEST FLORIDA PERIODONTAL ASSOCIATES, P.A.				<b>Feb 03, 2005 08:00 AM</b> <b>Secretary of State</b>		
Principal Place of Business 6111 N DAVIS HWY BLDG B PENSACOLA, FL 32504		Mailing Address 6111 N DAVIS HWY BLDG B PENSACOLA, FL 32504				
<b>DO NOT WRITE IN THIS SPACE</b>						
				01202005    No Chg-P    CR2E034 (10/03)		
				4. FEI Number 59-1682477		
				Applied For Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  WOOD, GREGORY A 6111 NORTH DAVIS HWY PENSACOLA, FL 32504				<b>DO NOT WRITE IN THIS SPACE</b>		
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 reinstating)    DATE _____						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, GREGORY A 6111 NORTH DAVIS HWY PENSACOLA, FL					
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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)(l), 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: <u>G. Wood</u> <u>GREGORY A WOOD</u> <u>2-27-03</u> <u>850-476-8418</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #						