2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004
Secretary of State

DOCUMENT# 520663

Entity Name: DECK F. COUCH, D.D.S., PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

1020 N. PALAFOX ST.
PENSACOLA, FL 32501 US

New Principal Place of Business:

4850 N. 9TH AVE
PENSACOLA, FL 32503 US

Current Mailing Address:

1020 N. PALAFOX ST.
PENSACOLA, FL 32501 US

New Mailing Address:

4850 N. 9TH AVE
PENSACOLA, FL 32503 US

FEI Number: 59-1726325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUCH, DECK F.
1044 CASTELLO DR
SUITE 202
PENSACOLA, FL 34103 US

Name and Address of New Registered Agent:

COUCH, DECK F., DDS, PA
4850 N. 9TH AVE
PENSACOLA, FL 32503 US

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.

SIGNATURE: DECK F. COUCH, DDS, PA 07/13/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COUCH, DECK F.,
Address: 1020 N. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: COUCH, DECK F., DDS,, PA
Address: 4850 N. 9TH AVE.
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DECK F. COUCH, DDS, PA PRES 07/13/2004
Electronic Signature of Signing Officer or Director Date