


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90059 026 ***150.00

DOCUMENT # <u>577408</u>	
1. Entity Name <u>CLARK HAMILTON, DDS, PA</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2779 BLAIR STONE CT</u> Suite, Apt. #, etc. _____	3. Mailing Address <u>2779 BLAIR STONE CT</u> Suite, Apt. #, etc. _____
City & State <u>TALLAHASSEE, FL</u>	City & State <u>TALLAHASSEE, FL</u>
Zip <u>32301</u>	Country <u>LEON</u>

24033025

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-1833188</u>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>CLARK HAMILTON</u>	
	Street Address (P.O. Box Number is Not Acceptable) _____	
	<u>2779 BLAIR STONE CT</u>	
	City <u>TALLAHASSEE</u> FL	Zip Code <u>32301</u>

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CLARK HAMILTON	STREET ADDRESS	
CITY-ST-ZIP	2779 BLAIR STONE CT	CITY-ST-ZIP	
	TALLAHASSEE, FL 32301		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	ELIZABETH D. HAMILTON	STREET ADDRESS	
CITY-ST-ZIP	2779 BLAIR STONE CT	CITY-ST-ZIP	
	TALLAHASSEE, FL 32301		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CLARK HAMILTON 3-26-04 850-656-8495
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)