

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90027 019 \*\*\*150.00

**DOCUMENT # 588184**  
 1. Entity Name  
 CHARLES A. D'AMICO, D.D.S., P.A.



Principal Place of Business: 3900 CLARK RD. BLDG H, STE 5 SARASOTA, FL 34233 US  
 Mailing Address: 3900 CLARK RD. BLDG. H, SUITE 5 SARASOTA, FL 34233 US

**54000332**

2. Principal Place of Business: Suite, Apt. #, etc. City & State: Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State: Zip Country



01182004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-1849943 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: D'AMICO, CHRLES A. D.D.S. 3900 CLARK RD. BLDG H, STE 5 SARASOTA, FL 34233  
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: PTD NAME: D'AMICO, CHARLES A. DDS STREET ADDRESS: <del>2745 STICKNEY POINT RD.</del> CITY-ST-ZIP: SARASOTA, FL	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 3900 CLARK ROAD, BLDGH, STE 5 CITY-ST-ZIP:	
TITLE: S NAME: D'AMICO, CHARLES A. STREET ADDRESS: 3900 CLARK RD, BLDG H, STE 5 CITY-ST-ZIP: SARASOTA, FL	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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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)(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: Charles A. D'Amico DDS Date: 1-19-04 Daytime Phone #: (941) 921-4343  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR