2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 01, 2005 08:00 AM Secretary of State **DOCUMENT # 588184** CHARLES A. D'AMICO, D.D.S., P.A. . Mailing Address Principal Place of Business 3900 CLARK RD. 3900 CLARK RD. BLDG. H, SUITE 5 BLDG H, STE 5 SARASOTA, FL 34233 _US SARASOTA, FL 34233 US 06282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1849943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent D'AMICO, CHRLES A. D.D.S. DO NOT WRITE 3900 CLARK RD. _ BLDG H, STE 5 IN THIS SPACE SARASOTA, FL 34233 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE PTD D'AMICO.CHARLES A. DDS NAME 2715 STICKNEY POINT RD. STREET ADDRESS U00000369904 CITY-ST-ZIP SARASOTA, FL 07/01/05-80001-006 150.00 TITLE D'AMICO, CHARLES A. NAME 3900 CLARK RD, BLDG H, STE 5 STREET ADDRESS SARASOTA, FL CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 addigss, with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED