2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2004 08:00 AM Secretary of State

| DOCL | JME | ENT # | ‡ 589 | 1518 |
|------|-----|-------|-------|------|
|------|-----|-------|-------|------|

1. Entity Name H.D. BEARDMORE, D.D.S., P.A.



Principal Place of Business

1565 SUNSET DRIVE CORAL GABLES, FL 33143 Mailing Address

1565 SUNSET DRIVE CORAL GABLES, FL 33143



| DO | NOT | WRITE | IN | THIS | SPACE |
|----|-----|-------|----|------|-------|
|----|-----|-------|----|------|-------|

01172004 No Chg-P CR2E034 (10/03)

| 4. | FEI Number |
|----|------------|
| | 59-1854366 |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| 2 | Mama | and | Addres | e of | Current | Regi | starad | Acent |
|----|---------|-----|--------|------|----------|------|--------|-------|
| u. | LIGHTIE | anu | Aumo | - VI | Cuitcill | | 310100 | ~80 |

BEARDMORE, H.D., D.D.S., P.A. 1565 SUNSET DRIVE CORAL GABLES, FL 33143

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the prions of registered agent. | urpose of changing its registered | office or re | egistered agent, or bot | th, in the State of Florida. I am famili | ar with, and accept |
|--|--|--|---------------------------------------|--|--|--|
| SIGNATURE_ | Signature, typed or printed name of registered agent and title it | applicable (NOTE: Registered A | lgent signature | required when reinstating) | DAYE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | ing 🗆 | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD BEARMORE, H.D. 1565 SUNSET DR. CORAL GABLES, FL | | | · | U00000020761 01/29/04-80080-0 | 121 150.00 |
| STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | o | ·. · · · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _ | | | 40°.' T. | | . van en skommunister |
| 12. I hereby of indicated of the corchanged. | certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all | ing does not qualify for the exem ind accurate and that my signatu I to execute this report as require wher like empowered. | ption state re shall haved by Chap | d in Section 119.07(3)(ve the same legal effecter 607, Florida Statute | (i), Florida Statutes, I further certify the ct as if made under cath, that I am ares; and that my name appears in Bio | at the information officer or director_ ck 10 or Block 11 if |