
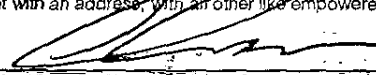


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 600493 1. Entity Name MECHANIK & THACKER, M.D.S, P.A.					
Principal Place of Business 2901 ST ISABEL SUITE B TAMPA FL 33607		Mailing Address 2901 ST ISABEL SUITE B TAMPA FL 33607			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-1221128	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THACKER, CLIFFORD L 2901 ST ISABEL STREET STE B TAMPA FL 33607				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	<input type="checkbox"/> Delete NAME MECHANIK, VALERIE C MD STREET ADDRESS 2901 ST ISABEL STREET SUITE B CITY- ST- ZIP TAMPA FL 33607	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP		
TITLE S	<input type="checkbox"/> Delete NAME THACKER, CLIFFORD MD STREET ADDRESS 2901 ST ISABEL ST CITY- ST- ZIP TAMPA FL 33607	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP		
TITLE <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY- ST- ZIP		
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 an other like empowered.					
SIGNATURE:  CLIFFORD THACKER 2/14/2005 (813) 870-3590 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



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