


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90006 003 ***158.75

DOCUMENT # 600772 1. Entity Name MILTON A. MAGOS, D.M.D., P.A.																																																																																																																																																											
Principal Place of Business 1151 CASSAT AVE JACKSONVILLE, FL 32205			Mailing Address 1151 CASSAT AVE JACKSONVILLE, FL 32205																																																																																																																																																								
2. Principal Place of Business		3. Mailing Address																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State																																																																																																																																																									
Zip	Country	Zip	Country																																																																																																																																																								
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																							
CAKMIS, WILLIAM J 1151 CASSAT AVE JACKSONVILLE, FL				Name MAGOS, Milton A Street Address (P.O. Box Number is Not Acceptable) 1151 Cassat Ave City Jacksonville FL Zip Code 32205																																																																																																																																																							
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: <u><i>Milton A. Magos</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2/3/04</u>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>CAKMIS, WILLIAM J</td> <td><input checked="" type="checkbox"/></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1151 CASSAT AVE.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input type="checkbox"/></td> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MAGOS, MILTON A</td> <td></td> <td>NAME</td> <td>MAGOS, Milton A</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1151 CASSAT AVE.</td> <td></td> <td>STREET ADDRESS</td> <td>1151 Cassat Ave.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>JACKSONVILLE, FL</td> <td></td> <td>CITY - ST - ZIP</td> <td>Jacksonville FL. 32205</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete	TITLE	NAME	Change Addition	NAME	CAKMIS, WILLIAM J	<input checked="" type="checkbox"/>	NAME		<input type="checkbox"/>	STREET ADDRESS	1151 CASSAT AVE.		STREET ADDRESS			CITY - ST - ZIP	JACKSONVILLE, FL		CITY - ST - ZIP			TITLE	VD	<input type="checkbox"/>	TITLE	PD	<input checked="" type="checkbox"/>	NAME	MAGOS, MILTON A		NAME	MAGOS, Milton A	<input type="checkbox"/>	STREET ADDRESS	1151 CASSAT AVE.		STREET ADDRESS	1151 Cassat Ave.		CITY - ST - ZIP	JACKSONVILLE, FL		CITY - ST - ZIP	Jacksonville FL. 32205		TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	NAME			NAME		<input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			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: <u><i>Milton A. Magos</i></u> Milton A Magos <u>2/3/04</u> <u>904 3845543</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											