


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 601154 1. Entity Name ARTHUR S. BURNS, D.D.S. PROFESSIONAL ASSOCIATION	
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Principal Place of Business PROFESSIONAL ASSOCIATION 4612 SAN JUAN AVENUE JACKSONVILLE, FL 32210	Mailing Address PROFESSIONAL ASSOCIATION 4612 SAN JUAN AVENUE JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0934098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, ARTHUR S
4612 SAN JUAN AVENUE
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

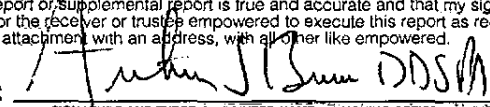
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BURNS, ARTHUR S 4612 SAN JUAN AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEIGER, HARRY 8259 BAYBERRY ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEVIN, RON 8255 BAYBERRY JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/27/05-80008-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:  **ARTHUR S BURNS DDS PA**
JAN 24 05 904 387-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #