

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602915

FILED  
Jan 22, 2004  
Secretary of State

Entity Name: DRS. CASTRO AND ORTA, D.D.S., P.A.

## Current Principal Place of Business:

801 W. M. L. KING BLVD.  
TAMPA, FL 33603

## New Principal Place of Business:

801 W. M. L. KING BLVD.  
SUITE 2  
TAMPA, FL 33603

## Current Mailing Address:

801 W. M. L. KING BLVD.  
TAMPA, FL 33603

## New Mailing Address:

801 W. M. L. KING BLVD.  
SUITE 2  
TAMPA, FL 33603

FEI Number: 59-1351921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTRO, ANTONIO, D.D.S.  
801 W M.L. KING BLVD  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

ORTA, ROBERT D.D.S.  
801 W M.L. KING BLVD  
SUITE 2  
TAMPA, FL 33603 US

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.

SIGNATURE: ROBERT ORTA, D.D.S.

01/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: CASTRO, ANTONIO,  
Address: 801 W. M. L. KING BLVD  
City-St-Zip: TAMPA, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: CASTRO, ANTONIO D.D.S.  
Address: 801 W. M. L. KING BLVD, SUITE 2  
City-St-Zip: TAMPA, FL 33603

Title: VP ( ) Change (X) Addition  
Name: ORTA, ROBERT D.D.S.  
Address: 801 W. M. L. KING BLVD, SUITE 2  
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO CASTRO, D.D.S.

PRES

01/22/2004

Electronic Signature of Signing Officer or Director

Date