


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 604004
 1. Entity Name
FREDERICK A. HEMERICK, D.D.S. & F. DAVID HEMERICK, D.D.S., CHARTERED



Principal Place of Business Mailing Address
902 S. FT. HARRISON AVE. **902 S. FT. HARRISON AVE.**
CLEARWATER, FL 33756 **CLEARWATER, FL 33756**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1428209 | Applied For New Applications |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
HEMERICK, F. DAVID DDS
902 S. FT. HARRISON AVE.
CLEARWATER, FL 33756

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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 relevant) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEMERICK, F. DAVID 192 DEVON DRIVE CLEARWATER, FL 33756 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEMERICK, MYRA B 192 DEVON DRIVE CLEARWATER, FL 33756 |
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 07/07/04-80029-005 150.00

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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)(c), 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: F. David Hemerick, DDS 7/1/04 722-461-9556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #