


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 604094 1. Entity Name DAVID M. WINKLER D.D.S., P.A.	
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Principal Place of Business 3300 S TAMiami TRAIL SARASOTA, FL 34239	Mailing Address 3300 S TAMiami TRAIL SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



09202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1433826	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

WINKLER, DAVID M  
3300 SO TRAIL  
SARASOTA, FL 34239

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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WINKLER, DAVID M 3300 S TRAIL SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WINKLER, SHARON F. 3300 S. TRAIL SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BES ROCHERS, ROBERT A. 1540 HILLVIEW DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARIEN, RONALD J. 1343 HARBOR DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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)(f), 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: David M. Winkler DAVID M. WINKLER 9/20/04 (941) 953-7500

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