


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90011 011 \*\*\*150.00

<b>DOCUMENT # 604372</b>	
1. Entity Name FRANK M. LODATO, JR., P.A.	

Principal Place of Business 2510 W. VIRGINIA AVE. TAMPA, FL 33607	Mailing Address 2510 W. VIRGINIA AVE. TAMPA, FL 33607
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2. Principal Place of Business 16616 SEDONA DE AVILA Suite, Apt. #, etc.	3. Mailing Address 16616 SEDONA DE AVILA Suite, Apt. #, etc.
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01222004 Chg-P CR2E034 (10/03)

City & State TAMPA, FL.	City & State TAMPA, FL.
Zip 33613	Country USA
Zip 33613	Country USA

4. FEI Number 59-1459878	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 LODATO, FRANK M. JR. 2510 W. VIRGINIA AVE. TAMPA, FL 33607	
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7. Name and Address of New Registered Agent Name: LODATO, FRANK M. JR. Street Address (P.O. Box Number is Not Acceptable): 16616 SEDONA DE AVILA City: TAMPA FL Zip Code: 33613	
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: FRANK M. LODATO, JR. DDS. (NOTE: Registered Agent Signature required when reinstating) DATE: Jan. 22, 2004	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LODATO, FRANK M. JR. 2510 W VIRGINIA TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LODATO, FRANK M JR. 16616 SEDONA DE AVILA TAMPA, FL. 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: FRANK M. LODATO, JR. DDS. (Signature) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 1/22/04 Daytime Phone #: 813-968-0404
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