2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # 604710 GEORGE L. WHITESIDE, DDS, PA Mailing Address Principal Place of Business 7630 CAMBRIDGE MANOR PLACE 7630 CAMBRIDGE MANOR PLACE FORT MYERS, FL 33907 FORT MYERS, FL 33907

FILED Feb. 17, 2005 08:00 AM Secretary of State



02052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1487241 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE WHITESIDE, GEORGE L. 7630 CAMBRIDGE MANOR PLACE FORT MYERS, FL 33907 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. Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE WHITESIDE, GEORGE L NAME STREET ADDRESS 7630 CAMBRIDGE MANOR PL U00000233403 02/17/05-80041-005 150.00 CITY-ST-ZIP FORT MYERS, FL 33907 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP **IN THIS SPACE** TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR