2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# 605068

Entity Name: NORMAN M. TRABULSY, D.D.S., P.A.

Current Principal Place of Business:

496 PENINSULA DRIVE
FORT PIERCE, FL 34946 US

New Principal Place of Business:

3755 TWENTIETH PLACE
VERO BEACH, FL 32960 US

Current Mailing Address:

496 PENINSULA DRIVE
FORT PIERCE, FL 34946 US

New Mailing Address:

2205 WINDING CREEK LN.
FORT PIERCE, FL 34981 US

FEI Number: 59-1512699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRABULSY (NORMAN M.), DDS
496 PENINSULA DRIVE
FT. PIERCE, FL 349820522

Name and Address of New Registered Agent:

TRABULSY (NORMAN M.), DDS
2205 WINDING CREEK LN.
FT. PIERCE, FL 34981

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: NORMAN M. TRABULSY D.D.S. 01/15/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TRABULSY (NORMAN M.), ,DDS
Address: 496 PENINSULA DRIVE
City-St-Zip: FORT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TRABULSY (NORMAN M.), ,DDS
Address: 2205 WINDING CREEK LN.
City-St-Zip: FORT PIERCE, FL 34981

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: NORMAN M. TRABULSY D.D.S. OFFI 01/15/2004
Electronic Signature of Signing Officer or Director Date