


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 619864</b> 1. Entity Name <b>DAVID S. BUTLER, D.M.D., P.A.</b>	
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Principal Place of Business 300 ALT 19 NORTH PALM HARBOR, FL 34683	Mailing Address 300 ALT 19 NORTH PALM HARBOR, FL 34683
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01122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1893451</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BUTLER, DAVID S</b> <b>300 ALTERNATE 19 NORTH</b> <b>PALM HARBOR, FL 34683</b>
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<p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 David S. Butler, D.M.D., P.A. (NOTE: Registered Agent signature required when reinstating) DATE 4-22-04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUTLER, DAVID S 300 ALTERNATE 19 N PALM HARBOR, FL 34683
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<p>U00000131912 04/27/04-80023-018 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 officers empowered.

SIGNATURE: David S. Butler, D.M.D., P.A. Date 4-22-04 Daytime Phone # 727 784-1481