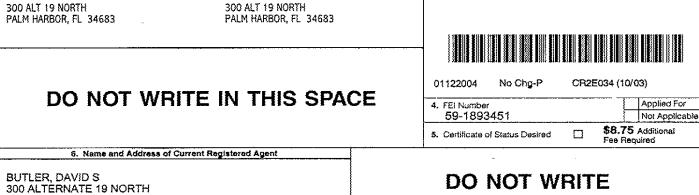
2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # 619864 1. Entity Name DAVID S. BUTLER, D.M.D., P.A. Principal Place of Business Mailing Address

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



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

SIGNATURE Strature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution			icing	\$5.00 May 8e 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				U00000131312 04/27/04-80023-018 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

12. Thereby 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 sector 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 apprecia, with an other interest empowered.

SIGNATURE:

CRY+ST-ZIP
TITLE
NAME
STREET ADDRESS
CRY+ST-ZIP

PALM HARBOR, FL 34683

YPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04

IN THIS SPACE

727 784-148