

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 637883

FILED  
Mar 16, 2005  
Secretary of State

**Entity Name:** PERIODONTICS & IMPLANT DENTISTRY OF ST. PETERSBURG, P.A.

**Current Principal Place of Business:**

8487 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

8487 FOURTH STREET NORTH  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** 59-1937667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGSTON, GREGORY G DMD MSD  
8487 FOURTH ST. N.  
SAINT PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

LANGSTON, GREGORY G DMD MSD  
8487 FOURTH STREET NORTH  
SAINT PETERSBURG, FL 33702 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/16/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LANGSTON, GREGORY G  
Address: 1840 72ND AVE N.E.  
City-St-Zip: ST. PETERSBURG, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GREGORY G LANGSTON

PRES

03/16/2005

Electronic Signature of Signing Officer or Director

Date