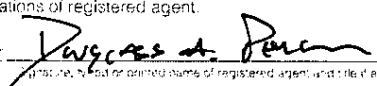
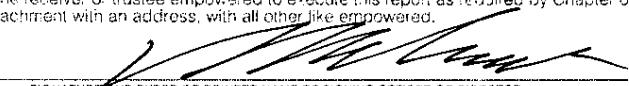


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91002 007 ***150.00

DOCUMENT # 649736 1. Entity Name ALBERT H. KLAIR, D.D.S., P.A.																																																																																					
Principal Place of Business 2261 SARNO ROAD MELBOURNE, FL 32935			Mailing Address 2261 SARNO ROAD MELBOURNE, FL 32935																																																																																		
2. Principal Place of Business		3. Mailing Address																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																			
City & State		City & State																																																																																			
Zip	Country	Zip	Country																																																																																		
6. Name and Address of Current Registered Agent VICTOR S. KOSTRO 1825 SOUTH RIVERVIEW DR. MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name DOUGLASS A. PERSON Street Address (P.O. Box Number is Not Acceptable) 1413 SOUTH PATRICK DRIVE SUITE 7 City INDIAN HARBOUR BEACH FL Zip Code 32937																																																																																	
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  DATE 4/29/04 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete ☐</td> </tr> <tr> <td></td> <td>PSTD</td> <td>KLAIR, ALBERT H</td> <td>2261 SARNO ROAD MELBOURNE, FL 32935</td> <td></td> </tr> <tr> <td></td> <td>D</td> <td>KLAIR, ALBERT H, DDS</td> <td>2261 SARNO RD MELBOURNE, FL</td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete ☐		PSTD	KLAIR, ALBERT H	2261 SARNO ROAD MELBOURNE, FL 32935			D	KLAIR, ALBERT H, DDS	2261 SARNO RD MELBOURNE, FL																											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change ☐ Addition ☐</td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change ☐ Addition ☐																																			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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. SIGNATURE:  DATE: 4/29/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																					