
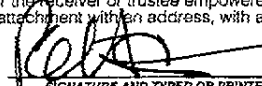


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 677732 1. Entity Name ROBERT G. HICKS, D.D.S., M.S., P.A.																																										
Principal Place of Business 3221 SOUTH CONWAY ROAD SUITE D ORLANDO, FL 32812-7364	Mailing Address 3221 SOUTH CONWAY ROAD SUITE D ORLANDO, FL 32812-7364																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent HICKS, ROBERT G. 3221 SOUTH CONWAY ROAD SUITE D ORLANDO, FL 32806		DO NOT WRITE IN THIS SPACE																																								
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>DP</td></tr><tr><td>NAME</td><td>HICKS, ROBERT G.</td></tr><tr><td>STREET ADDRESS</td><td>3828 ROUSE ROAD</td></tr><tr><td>CITY-ST-ZIP</td><td>ORLANDO, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>		TITLE	DP	NAME	HICKS, ROBERT G.	STREET ADDRESS	3828 ROUSE ROAD	CITY-ST-ZIP	ORLANDO, FL	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		U000000085413 03/11/04-80046-022 150.00
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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)(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 like empowered.																																										
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/8/04 407-275-5500 Date Daytime Phone #																																								