2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 677732 1. Entity Name ROBERT G. HICKS, D.D.S., M.S., P.A. Principal Place of Business Mailing Address 3221 SOUTH CONWAY ROAD 3221 SOUTH CONWAY ROAD SUITE D SUITE D ORLANDO, FL 32812-7364 ORLANDO, FL 32812-7364

FILED Feb 28, 2005 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN THIS	SPACE
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02122005 No Chg-P CR2E034 (10/03) Applied For 4. FEi Number 59-2005653 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent	<u> </u>
HICKS, ROBERT G. 3221 SOUTH CONWAY ROAD	DO NOT WRITE
SUITE D ORLANDO, FL 32806	IN THIS SPACE

	e named entity submits this statement for the pations of registered agent.	ourpose of changing its register	ered office or reg	pistered agent, or bo	th, in the State of Florida. I am familiar with, and accep	
SIGNATURE.	Signature, typed or printed name of registered agent and file	if applicable. (NOTE, Register	red Agent signature re	quired when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP HICKS, ROBERT G. 3828 ROUSE ROAD ORLANDO, FL	CTORS	_		U00000245196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000245196 62/28/05-80015-018 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET AODRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby 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 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 repetver 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-275-5300) te Daysme Phone #