2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 687523

FILED Apr 18, 2005 Secretary of State

Entity Name: MID-COUNTY DENTAL ASSOCIATES, P.A.

Littly Nai					
Current P	rincipal Place	of Business:	New Principal Place	of Business:	
2700 EAS ⁻ SUITE 106 LARGO, F					
•	lailing Addres	s:	New Mailing Addres	ss:	
2700 EAS SUITE 106 LARGO, F					
FEI Number	: 13-2707515	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
148 ALETA			Name and Address o	or New Registered Agent:	
148 ALETA BELLEAIR The above in the State	À DRIVE BEACH, FL 3 named entity s of Florida.	3786 US		ed office or registered agent, or both,	
148 ALETA BELLEAIR The above	À DRIVE BEACH, FL 3 named entity s of Florida.	3786 US	purpose of changing its registere		
148 ALETA BELLEAIR The above in the State SIGNATUI	A DRIVE BEACH, FL 3 named entity se of Florida. RE: Electror	3786 US submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
148 ALETA BELLEAIR The above in the State SIGNATUR	A DRIVE BEACH, FL 3 named entity se of Florida. RE: Electror	3786 US submits this statement for the ic Signature of Registered Ag	purpose of changing its registere	ed office or registered agent, or both,	
148 ALETA BELLEAIR The above in the State SIGNATUR	A DRIVE BEACH, FL 3 named entity set of Florida. RE: Electron mpaign Financing S AND DIREC	3786 US submits this statement for the ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete PHEN C VE	purpose of changing its registere	ed office or registered agent, or both, Date	

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: H. SCOTT BELLACK VP 04/18/2005