2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 692996

1. Entity Name
DENNIS J.L. BUCHMAN, D.M.D., P.A.

Principal Place of Business	Mailing Address
1205 W. BAKER STREET PLANT CITY, FL 33566	241 ROYAL TERN ROAD, N. PONTE VEDRA BEACH, FL 32082 US

DO NOT WRITE IN THIS SPACE

01102005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2104000	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHMAN, DENNIS J. L.
1205 W. BAKER STREET
PLANT CITY, FL 33566

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing ☐   **$5.00** May Be
Trust Fund Contribution,   Added to Fees

10.	OFFICERS AND DIRECTORS

TITLE	DP
NAME	BUCHMAN, DENNIS J L
STREET ADDRESS	1205 W BAKER STREET
CITY-ST-ZIP	PLANT CITY, FL

01/19/05-80051-011 150.00

TITLE	
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CITY-ST-ZIP	

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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 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: _____ Dennis JL Buchman   1/13/05   813-754-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #