

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00369**  
 1. Entity Name  
 HENRY G. BREITMOSER D.D.S., P.A.



Principal Place of Business      Mailing Address  
 1716 UNIVERSITY BLVD S      1716 UNIVERSITY BLVD S  
 JACKSONVILLE, FL 32216-5994 US      JACKSONVILLE, FL 32216-5994 US



05092005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2026373      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BREITMOSER, HENRY G, D.D.S.  
 1716 UNIVERSITY BLVD S  
 JACKSONVILLE, FL 32216-5994

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

U00000366524  
 05/13/05-80007-010 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BREITMOSER, JUDITH C 1716 UNIVERSITY BLVD S JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREITMOSER, HENRY G, DDS 1716 UNIVERSITY BLVD S JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 another like empowered.

SIGNATURE *Henry G. Breitmoser*      HENRY G. BREITMOSER      DR. President      904-784-1055  
 \_\_\_\_\_      Date      Daytime Phone #