

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90102 049 ***150.00

DOCUMENT # F03953

1. Entity Name
RICHARD M. DUNN, D.D.S., P.A.



Principal Place of Business
2639 WEST HIGHWAY 434
LONGWOOD, FL 32779

Mailing Address
2639 WEST HIGHWAY 434
LONGWOOD, FL 32779

60034201



03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2036601

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNN, RICHARD M
2639 WEST HIGHWAY 434
LONGWOOD, FL 32779

**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
Trust Fund Contribution: ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DUNN, RICHARD M
STREET ADDRESS 550 RINEHART RD.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D
NAME BROWN, RANDALL
STREET ADDRESS 902 W 25TH ST
CITY-ST-ZIP SANFORD FL,

TITLE VP
NAME Sarastano, Nicholas J.
STREET ADDRESS 550 Rinehart Rd.
CITY-ST-ZIP Lake Mary, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Richard M. Dunn President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard M Dunn DDS President

407-862-1870

Daytime Phone #