

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F33651**

1. Entity Name  
**FAMILY DENTISTREE OF SARASOTA, INC.**



Principal Place of Business

**C/O CHRISTIANSEN & DEHNER, P.A.  
3850 S. OSPREY AVE  
SARASOTA, FL 34239**

Mailing Address

**C/O CHRISTIANSEN & DEHNER, P.A.  
63 SARASOTA CNTR BLVD STE 107  
SARASOTA, FL 34240**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0044366**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**CHRISTIANSEN & DEHNER, P.A.  
63 SARASOTA CNTR BLVD, STE 107  
SARASOTA, FL 34240**

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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	<b>ST</b>
NAME	<b>HALL, JOHN C, JR</b>
STREET ADDRESS	<b>3850 S. OSPREY AVE</b>
CITY-STATE-ZIP	<b>SARASOTA, FL 34239</b>
TITLE	<b>BRIGGS, ROBERT E</b>
NAME	<b>3850 S. OSPREY AVE</b>
STREET ADDRESS	<b>SARASOTA, FL 34239</b>
CITY-STATE-ZIP	
TITLE	<b>P</b>
NAME	<b>MILLER, JAMES R</b>
STREET ADDRESS	<b>3850 S. OSPREY AVE</b>
CITY-STATE-ZIP	<b>SARASOTA, FL 34239</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**James R. Miller 4-19-05 941-952-1790**