



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F41947	
1. Entity Name R. DOUGLAS ROGERS D.D.S., P.A.	

Principal Place of Business 2335 TAMiami TRAIL SUITE 507 NAPLES, FL 33940 US	Mailing Address C/O CARL E. WESTMAN 2335 9TH ST. N. SUITE 507 NAPLES, FL 34103 US
--	---

DO NOT WRITE IN THIS SPACE

	
01172004 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-2153379	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROGERS, DOUGLAS R 2335 9TH STREET, NORTH SUITE 507 NAPLES, FL 34103	
---	--

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 *R. Douglas Rogers DDS* DATE *1/30/04*

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000028579 02/04/04-80031-023 158.75
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROGERS, R. DOUGLAS 2335 9TH ST. N. #507 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, R. DOUGLAS 2335 9TH ST. N. #507 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(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: *R. Douglas Rogers DDS* DATE *1/30/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR