


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F45353 1. Entity Name ROBERT L. MEIERS, D.D.S., P.A.	
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Principal Place of Business % ROBERT L MEIERS, D.D.S. 331 N MAITLAND AVENUE, STE A-3 MAITLAND, FL 32751	Mailing Address % ROBERT L MEIERS, D.D.S. 331 N MAITLAND AVENUE, STE A-3 MAITLAND, FL 32751
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01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2120579	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEIERS, ROBERT L., D.D.S. 331 N MAITLAND AVENUE, STE A-3 MAITLAND, FL 32751
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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 <u>Robert L Meiers</u> <i>Robert L Meiers</i> ROBERT L MEIERS PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>2-8-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BISHOP, JOHN W 331 N MAITLAND AVE A-4 MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MEIERS, ROBERT L DDS 331 N MAITLAND AVE A-3 MAITLAND, FL
TITLE NAME STREET ADDRESS 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 19.07(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: <u>Robert L Meiers</u> <i>Robert L Meiers</i> ROBERT L MEIERS PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>2-8-05</u> DAYTIME PHONE # <u>407-647-2464</u>