


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90095 026 \*\*\*150.00

<b>DOCUMENT # F93000004873</b>																																																																																																																																			
<b>1. Entity Name</b> MARK J FLEMING, D.D.S., INC.																																																																																																																																			
<b>Principal Place of Business</b> 2924 UNIVERSITY PARKWAY SARASOTA, FL 34243			<b>Mailing Address</b> 2924 UNIVERSITY PARKWAY SARASOTA, FL 34243																																																																																																																																
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>																																																																																																																																
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5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>  FLEMING, MARK J D.D.S. 6010 NORTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34243				<b>7. Name and Address of New Registered Agent</b> Name <u>FLEMING, MARK J DDS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2924 UNIVERSITY PARKWAY</u> City <u>SARASOTA</u> FL <u>34243</u>																																																																																																																															
<b>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.</b> SIGNATURE <u>Mark J Fleming</u> <u>MARK J FLEMING DDS</u> <u>3/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>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.</b> SIGNATURE: <u>Mark J Fleming</u> <u>MARK J FLEMING DDS</u> <u>3/11/05</u> <u>941-359-2151</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			