


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90011 033 ***158.75

DOCUMENT # F95000004510	
1. Entity Name DONALD J. SAMMARCO, D.D.S., P.A.	

Principal Place of Business 742 N. FERN CREEK AVE ORLANDO FL 32803	Mailing Address 742 N. FERN CREEK AVE ORLANDO FL 32803
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 52-1098213		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M 430 N. MILLS AVE ORLANDO FL 32803	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CPST	NAME SAMMARCO, DONALD J	<input type="checkbox"/> Delete	
STREET ADDRESS 851 BARR STREET	CITY-ST-ZIP OVIEDO FL 32765	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	NAME MEYER, KRISTIN	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 851 BARR ST	CITY-ST-ZIP OVIEDO FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY-ST-ZIP _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY-ST-ZIP _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Don J. Sammarco, President **2/16/04** **407-365-9772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #