2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G15424

FILED Feb 14, 2005 08:00 AM Secretary of State

1. Entity Nam DALE A. I	BAX, D.M.D., P.A.					
201 2ND ST E. 201 Whitefish, MT 59937 US SUT		tailing Address 201 2ND ST E SUTIE A WHITEFISH, MT 59937 US				
D	O NOT WRITE II		CE]	Chg-P CR28	E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6719 WINF #220 FT. MYER 8. The above the obligat	S, FL 33919 named entity submits this statement for the tions of registered agent.	-	ed office or registe	IN THI	OT WRIT S SPAC	E
	Signature, typed or printed name of registered agent and liting the second of the seco	e if applicable (NOTE: Register) 9. Election Campaign Fina Trust Fund Contribution.		d when reinstaling) .00 May Be ded to Fees	DATE	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE PSD BAX, DALE A D M D 201 SECOND ST. E, WHITEFISH, MT 59937	CTORS	-	Ù2	U00002285 2/14/05-8004	560 45-001 150.00
NAMF	}					

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 reference trustee empoyered 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;

STREET ADDRESS

CITY-ST-ZIP

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/05 Y 06 852 3839