

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # G20646			
1. Entity Name CHARLOTTE DENTAL ASSOCIATES, P.A.			
Principal Place of Business 2595 HARBOR BLVD., STE. 109 PORT CHARLOTTE FL 33952		Mailing Address 2595 HARBOR BLVD., STE. 109 PORT CHARLOTTE FL 33952	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WATTERS, JOHN L., II, D.M.D. 2595 HARBOR BLVD., STE. 109 PORT CHARLOTTE FL 33952			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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.			



1st MOORE

CR2E034 (10/04)

4. FEI Number 59-2249925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WATTERS, JOHN L., II 293 FRY TERR. PORT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS BENDER, JOSEPH C. 2303 KENYA LANE PORT CHARLOTTE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/23/05-80023-022 150.00

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: John L. Watters, DMD JOHN L. WATTERS, DMD 4/20/05 (941) 625-2908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #