2904 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G21959

1. Entity Name

LADD M. HORVATH, D.D.S., M.S., P.A.



FILED
Feb 04, 2004 08:00 AM
Secretary of State

Principal Place of Business

4400 HWY. 20 E., SUITE 103 NICEVILLE, FL 32578 Mailing Address

4400 HWY. 20 E., SUITE 103 NICEVILLE, FL 32578



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2249155 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORVATH, LADD M., D.D.S., M.S. 4400 HWY. 20 E., SUITE 103 NICEVILLE, FL 32578

SIGNATURE: J

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SIGNATURE.	ions of registered agent. Signature, typed or printed name of registered agent and title	if epptikatole. (NOTE, Registated	Agent signaturi	o roquired when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
TITLE NAME STREET ADDRESS CHY-ST-ZIF	ÖFFICERS AND DIRECT DP HORVATH, LADD M. 4400 HWY. 20 E. STE, 103 NICEVILLE, FL	CTORS			U00000036723 02/06/04-80068-012 150.00
TITLE NAME STREET ADDRESS CRTY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
title Name Street Address City-St-Zip				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, [Turther 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 attact then with an address, with all other like empowered.					

LADD