
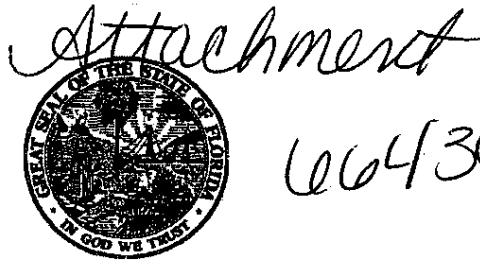


FILED
Sep 27, 2004 8:00 am
Secretary of State

00404101

DOCUMENT # G70449						09-08-2004 90114 032 ***550.00	
1. Entity Name MILTON A. CLEMENT, JR., D.D.S. P.A.							
Principal Place of Business C/O CARL G. SANTANGELO 602 N. THORNTON AVE ORLANDO FL 32803				Mailing Address C/O CARL G. SANTANGELO 602 N. THORNTON AVE ORLANDO FL 32803			
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 SANTANGELO, CARL G. 1512 E. BROWARD BLVD. SUITE 200 FT. LAUDERDALE FL				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.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 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 PV CLEMENT, MILTON A., JR. 602 N. THORNTON AVE. ORLANDO FL				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change 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: _____ Date: 9-20-04 407 422 3811							



66434131

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 10, 2004

MILTON A. CLEMENT, JR., D.D.S. P.A.
C/O CARL G. SANTANGELO
602 N. THORNTON AVE
ORLANDO, FL 32803

Subject: MILTON A. CLEMENT, JR., D.D.S. P.A.

Reference Number:

G70449

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION