

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # G96420
1. Entity Name
WEERASOORIYA & WEERASOORIYA, D.M.D., P.A.



Principal Place of Business
1861 PLACIDA ROAD
SUITE 106
ENGLEWOOD, FL 34224
Mailing Address
1861 PLACIDA ROAD
SUITE 106
ENGLEWOOD, FL 34224



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2399967
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEERASOORIYA, C. ROMESH DMD
1861 PLACIDA ROAD, SUITE 106
ENGLEWOOD, FL 34224

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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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for ROMESH WEERASOORIYA, CHANDEEV and WEERASOORIYA, SHANAKA L.

DO NOT WRITE IN THIS SPACE

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: [Handwritten Signature] CHANDEEV R. WEERASOORIYA DMD 4/29/04 941-479-9548