2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005
Secretary of State

DOCUMENT# H20104

Entity Name: MARK A. PIPER, D.M.D., M.D., P.A.

Current Principal Place of Business:

THE PIPER CLINIC
111 2ND AVE. N.E., SUITE 1006
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

THE PIPER CLINIC
111 2ND AVE. N.E., SUITE 1006
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-2441639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIPER, MARK A.
111 2ND AVE. NE #1006
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

PIPER, MARK A
111 2ND AVE. NORTHEAST
SUITE 1006
ST PETERSBURG, FL 33701 US

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.

SIGNATURE: MARK A. PIPER 06/24/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: PIPER, MARK A DMD, MD
Address: 111 2ND AVE. NE #1006
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. PIPER PRES 06/24/2005
Electronic Signature of Signing Officer or Director Date