



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 A
Secretary of State

DOCUMENT # H28300 1. Entity Name WILLIAM R. MEANS, D.M.D., P.A.				
Principal Place of Business 1540 VENERA AVE CORAL GABLES, FL 33146 US		Mailing Address 1540 VENERA AVE CORAL GABLES, FL 33146 US		
DO NOT WRITE IN THIS SPACE		 01052005 No Chg-P CR2E034 (10/03)		
		4. FEI Number 59-2467932 Applied For Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GEEKER, VAN P IGLER & DOUGHERTY, P.A. 1501 PARK AVENUE EAST TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE		
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 renouncing) _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		<div>1111000177153 01/11/05-90025-016 150.00</div> DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTDS MEANS, WILLIAM R. 940 ANDORA AVENUE CORAL GABLES, FL			
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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: <u>WR Means DMD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/5/05 3056671191 <small>Date Daytime Phone #</small>		