


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # H32728							
1. Entity Name MICHAEL J. ADAMS D.D.S. AND PAMELA GOLASZ ADAMS S D.D.S., M.S., P.A.							
Principal Place of Business 15 N. MISSOURI AVENUE CLEARWATER FL 34615		Mailing Address 15 N. MISSOURI AVENUE CLEARWATER FL 34615					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2471792			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ADAMS, PAMELA GOLASZ 15 NORTH MISSOURI AVE. CLEARWATER FL 34615			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 \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, PAMELA GOLASZ		NAME				
STREET ADDRESS	401 BAYVIEW DR		STREET ADDRESS	UN00000022501			
CITY-ST-ZIP	BELLEAIR FL 34615		CITY-ST-ZIP	01/30/04-80047-010 150.00			
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ADAMS, MICHAEL J.		NAME				
STREET ADDRESS	401 BAYVIEW DR		STREET ADDRESS				
CITY-ST-ZIP	BELLEAIR FL 34615		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: *Pamela J Adams* 1-25-04 727 461 4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #