


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 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	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ADAMS, PAMELA GOLASZ 15 NORTH MISSOURI AVE. CLEARWATER FL 34615		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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ADAMS, PAMELA GOLASZ 401 BAYVIEW DR BELLEAIR FL 34615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000220320 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/08/05-80065-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ADAMS, MICHAEL J. 401 BAYVIEW DR BELLEAIR FL 34615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Pamela G. Adams DDS</i>		1-18-05 (727) 461-4832	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



1st MOORE CR2E034 (10/04)