

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H63645

FILED
Jan 06, 2004
Secretary of State

Entity Name: GREG T. RUSSELL, D.M.D., P.A.

Current Principal Place of Business:

2535 U S 1 SOUTH
SUITE 2
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

P O BOX 3184
ST AUGUSTINE, FL 32086

New Mailing Address:

P O BOX 3184
ST AUGUSTINE, FL 32085

FEI Number: 59-2495436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, GREG T D.M.D.
2535 U S 1 SOUTH
SUITE 2
ST AUGUSTINE, FL 32086

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSELL, GREG T D.M.D.
Address: 2535 U S 1 SOUTH SUITE 2
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: GREG T. RUSSELL, DMD

PRES

01/06/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date