


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90025 025 ***150.00

DOCUMENT # H67578

1. Entity Name
 RITA M. MEDWID, D.D.S., P.A.



Principal Place of Business
 725 SE OSCEOLA ST.
 STE 1
 STUART, FL 34994

Mailing Address
 725 SE OSCEOLA ST.
 STE 1
 STUART, FL 34994

2. Principal Place of Business
 725 S.E. OSCEOLA ST.
 Suite, Apt. #, etc.
 SUITE 1
 City & State
 STUART, FL

3. Mailing Address
 725 S.E. OSCEOLA ST.
 Suite, Apt. #, etc.
 SUITE 1
 City & State
 STUART, FL



03072005 Chg-P CR2E034 (10/03)

4. FEI Number
 59-2585735

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

MEDWID, RITA M. D.D.S.
 921 E OCEAN BLVD.
 SUITE #3
 STUART, FL 34994

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 725 S.E. OSCEOLA STREET
 SUITE 1
 City
 STUART FL Zip Code
 34994

B. 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 Rita M Medwid DDS PA RITA M MEDWID DDS PA 3-17-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDWID, RITA 921 E. OCEAN BLVD. STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 725 S.E. OSCEOLA STREET, SUITE 1 STUART, FL 34994
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
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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: Rita M Medwid DDS PA 3-17-05 1-772-287-2338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #