2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 18, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # H7062 J. HUBER, D.M.D.							02-18-200	4 90010	040 ***1:	50.00
Principal Place	e of Business	Ma	iling Address					U	IOTI		
603 W MIDWAY RD Ft. Pierce, Fl. 34982 US			603 W MIDWAY RD Ft. Pierce, Fl. 34982 US							:	
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2. Principal Place of Business		3. N	3. Mailing Address								
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.				02092004	Chg-P	CR2E0	34 (10/03)	
City & State		C	City & State				4. FEI Number 59-2555	533			plied For Applicable
Zip	Country		Zip Coun		try	5. Certificate of Status D				\$8.75 Addi	tional
	6. Name and Address	of Current Regist	ered Agent				7. Name and A	ddress of New F	legistered A	gent	
HUBER, MICHAEL J D.M.D. 1145 FERNANDINA STREET FT. PIERCE, FL 34949					Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code)
	named entity submits this sions of registered agent.	statement for the pu	urpose of changing its	registere	ed office or	registere	ed agent, or both,	in the State of Flo		amiliar with,	and accept
! SIGNATURE_			· · · · · · · · · · · · · · · · · · ·								
	Signature, typed or printed name of re	egistered agent and title if	applicable. (NOTE	Registered	d Agent signatu	ure required	when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$15 ay 1, 2004 Fee will b	50.00 be \$550.00	Election Campaig Trust Fund Contr		ncing	\$5. Adde	00 May Be ed to Fees				
10.	· OFFI	CERS AND DIREC	TORS	11.				HANGES TO OFF	ICERS AND	DIRECTORS	2 INI 4 1
							ADDITIONS/C		IOCA TO PAIND	Danications) N I
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12. I hereby certify that the information supplied with this filing does not dualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 his 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, withall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRIN ED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #