


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 21, 2005 08:00 AM
Secretary of State

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| DOCUMENT # K07431 |  |
| 1. Entity Name DAVID M. PLANK, D.D.S., M.S.D., P.A. | |

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| Principal Place of Business 201 N. LAKEMONT AVE. SUITE 2300 WINTER PARK FL 32792 | Mailing Address 201 N. LAKEMONT AVE. SUITE 2300 WINTER PARK FL 32792 |
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|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt #, etc. | Suite, Apt #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E034 (10/04)

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| 4. FEI Number 59-2862749 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PLANK, DAVID M. 201 N. LAKEMONT AVE. SUITE 2300 WINTER PARK FL 32792 | 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 _____ Signature, typed or printed name of registered agent and title if applicable **DATE** _____ (NOTE: Registered Agent signature required when reinstating)

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| 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 Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE DP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME PLANK, DAVID M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS 201 N. LAKEMONT AVE.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP WINTER PARK FL</td> <td></td> </tr> <tr> <td>TITLE VP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME PLANK, LESLIE J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS 1522 INDIAN DANCE CT.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP MAITLAND FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table> | TITLE DP | <input type="checkbox"/> Delete | NAME PLANK, DAVID M. | | STREET ADDRESS 201 N. LAKEMONT AVE. | | CITY- ST- ZIP WINTER PARK FL | | TITLE VP | <input type="checkbox"/> Delete | NAME PLANK, LESLIE J. | | STREET ADDRESS 1522 INDIAN DANCE CT. | | CITY- ST- ZIP MAITLAND FL | | TITLE | <input type="checkbox"/> Delete | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | <input type="checkbox"/> Delete | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | <input type="checkbox"/> Delete | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | <table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table> | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY- ST- ZIP | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | STREET ADDRESS | | CITY- ST- ZIP | |
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| STREET ADDRESS 201 N. LAKEMONT AVE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY- ST- ZIP WINTER PARK FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME PLANK, LESLIE J. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS 1522 INDIAN DANCE CT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY- ST- ZIP MAITLAND FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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)(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: *David M. Plank* **DAVID M. PLANK** *1-18-05* *407-629-1116*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #