2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # K21827 * - 1. Entity Name MICHAEL A. LAMP, D.D.S., P.A.								Feb 02, 2004 08:0 Secretary of St		1	
Principal Place of Business Mailing Address							-{				
,				Mailing Address							
4511 SUN-N-LAKE BLVD.				4511 SUN-N-LAKE BLVD. 102							
SEBRING FL 33872 SEBRING FL US						<u></u>					
2. Principal F		ness		3. Mailing Address							
Suite, Apt	·			Suite, Apt #. etc.				MOORE CR2E034 (
City & State				& State	•	4.	FEI Number 59-2886247		plied For t Applicable		
Zφ	Country		Zip	Zip Cour		otry	5. Certificate of Status Desired See Required Fee Required				
6. Name and Address of Current Registered Agent							7. 1	Name and Address of New Registered Ag	ent		
I AND MICHAEL A						Name					
LAMP, MICHAEL A 4511 SUN-N-LAKE BLVD. SUITE 102						Street Address (P.O. Box Number is Not Acceptable)					
SEBRING FL 33872						City			Zip Code	<u></u>	
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8. The above named entity submits this statement for the purpose of changing its registered affice 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 (NOTE Registered Agent signature required when reinstating). DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing Trust Fund Contribution.	\$5.06 Added	May Be to Fees	
16.	OFFICERS AND DIRECTORS 11.						ΑE	DDITIONS/CHANGES TO OFFICERS AND C	RECTORS	IN 11	
NAME STREET ADDRESS CITY-SI-EP	DP LAMP, MIC 4511 SUN- SEBRING F	N-LAKE BLVD., SUITE	E 102			· .		☐ Change ☐ Addition : UÚOOO00025152 UZ/UZ/04-80094-009 150.00			
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12. I hereby certify that the information supplied with this filling 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.											

FILED