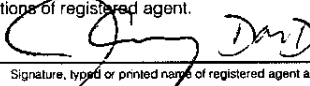
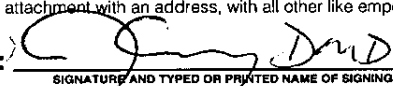


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90075 043 ***150.00

DOCUMENT # K43763 1. Entity Name JOHN M. CHERRY D.M.D., P.A.																			
Principal Place of Business BRANDON CENTRE SOUTH 1959 W LUMSDEN ROAD BRANDON, FL 33511		Mailing Address BRANDON CENTRE SOUTH 1959 W LUMSDEN ROAD BRANDON, FL 33511																	
2. Principal Place of Business BLOOMINGDALE EXECUTIVE PARK Suite, Apt. #, etc. 360 E BLOOMINGDALE AVE City & State BRANDON FL Zip 33511		3. Mailing Address BLOOMINGDALE EXECUTIVE PARK Suite, Apt. #, etc. 360 E BLOOMINGDALE AVE City & State BRANDON FL Zip 33511																	
Country USA		Country USA																	
4. FEI Number 59-2916409		Applied For ☐ Not Applicable																	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent CHERRY, JOHN M. BRANDON CENTRE SOUTH 1959 W LUMSDEN ROAD BRANDON, FL 33511		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BLOOMINGDALE EXECUTIVE PARK 360 E BLOOMINGDALE AVE City BRANDON FL Zip Code 33511																	
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  DATE 1/14/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">D ☐ Delete</td> </tr> <tr> <td>NAME</td> <td>CHERRY, JOHN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1959 W. LUMSDEN ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRANDON, FL</td> </tr> </table>		TITLE	D ☐ Delete	NAME	CHERRY, JOHN	STREET ADDRESS	1959 W. LUMSDEN ROAD	CITY-ST-ZIP	BRANDON, FL	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change ☒ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>360 E BLOOMINGDALE AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRANDON FL 33511</td> </tr> </table>		TITLE	Change ☒ Addition ☐	NAME		STREET ADDRESS	360 E BLOOMINGDALE AVE	CITY-ST-ZIP	BRANDON FL 33511
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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: 		Date 1/14/04 Daytime Phone # 813 684 4777																	

Attachment

HAMILTON AND PHILLIPS PA

CERTIFIED PUBLIC ACCOUNTANTS

K43763

777 W. LUMSDEN ROAD

BRANDON, FL 33511

(813)689-7480 fax (813)685-0075

**INSTRUCTIONS FOR FILING
2004 UNIFORM BUSINESS REPORT (UBR)**

DATE: 1/12/04

TO: John M Cherry Jr DMD PA

In accordance with your request we have prepared your Uniform Business Report. Please examine carefully and if you have any questions, please do not hesitate to contact us.

SIGNATURE: The return should be signed, dated, and title indicated by any one principal officer.

TAX DUE: Filing fee is \$150.00. However, after May 1st, the fee will be \$550.00. Make check payable to "Florida Department of State".

**MAIL RETURN VIA
CERTIFIED OR
REGISTERED MAIL TO:** Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RETURN DUE DATE: The Division of Corporations must receive Return by 5/1/2004.

TAXPAYER COPY: Sign and date the attached copy and retain for your files.