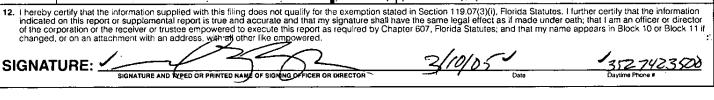
2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # L17694 03-14-2005 90075 040 ***150.00 MICHAEL M. MORGAN, D.M.D., P.A. Principal Place of Business Mailing Address 2140 LAKE EUSTIS DRIVE 38036 TIMBERLANE DRIVE TAVARES, FL 32778 UMATILLA, FL 32784 US 2. Principal Place of Business 3. Mailing Address Suite Ant # etc Suite Apt # etc. 03082005 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-2975253 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name MORGAN, MICHAEL M Street Address (P.O. Box Number is Not Acceptable) 38036 TIMBERLANE DRIVE UMATILLA, FL 32784 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition NAME MORGAN, MICHAEL M. NAME 38036 TIMBERLANE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP UMATILLA, FL CITY-ST-ZiP ☐ Addition Change TITLE ☐ Delete TITLE MORGAN, LEONRA E. NAME NAME 38036 TIMBERLANE DRIVE STREET ADDRESS STREET ADDRESS UMATILLA, FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITI F Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 14, 2005 8:00 am Secretary of State

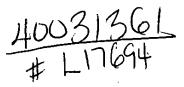
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CLIENT

ATTACHMENT



Robert L. Cohen, CPA (1934 - 1996) George S. Smith III, CPA Michael W. Brooks, CPA

DATE <u>March 8, 2005</u>

FILING INSTRUCTIONS 2005 CORPORATION ANNUAL REPORT

The attached report is based upon information contained in our files.

Michael M. Morgan, D.M.D., P.A.

If there have been any changes in officers or directors, please advise us immediately, as it will be necessary to revise the annual report form.		
ITEMS MARKED "X" REQUIRE YOUR ATTENTION.		
[X]	DATE DUE	May 1, 2005
[X]	TAX DUE	\$150 Attach a check payable to the "Florida Department of State".
[X]	SIGNATURE	The report should be signed and dated by a corporate officer as indicated at the bottom of the front page.
[X]		Division of Corporations Post Office Box 1500 Tal·lahassee, Florida 32302-1500
[X]	COPY	Retain the "Client Copy" for your files.
[X]	SPECIAL	Reports can now be filed using the Internet.
		Should you wish to file online, please log on to www.sunbiz.org