



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-14-2005 90075 040 ***150.00

DOCUMENT # L17694 1. Entity Name MICHAEL M. MORGAN, D.M.D., P.A.					
Principal Place of Business 2140 LAKE EUSTIS DRIVE TAVARES, FL 32778			Mailing Address 38036 TIMBERLANE DRIVE UMATILLA, FL 32784 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2975253	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORGAN, MICHAEL M 38036 TIMBERLANE DRIVE UMATILLA, FL 32784			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MORGAN, MICHAEL M. 38036 TIMBERLANE DRIVE UMATILLA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, LEONRA E. 38036 TIMBERLANE DRIVE UMATILLA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 3/10/05		Daytime Phone # 352-742-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT

40031361
L17694

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

FILING INSTRUCTIONS 2005 CORPORATION ANNUAL REPORT

CLIENT Michael M. Morgan, D.M.D., P.A. DATE March 8, 2005

The attached report is based upon information contained in our files. 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] MAIL TO Division of Corporations
Post Office Box 1500
Tallahassee, 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