

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L30205

1. Entity Name
ALAN R. HEAP, D.M.D., P.A.



Principal Place of Business
C/O ALAN R. HEAP, D.M.D.
2409 S. HIAWASSEE ROAD
ORLANDO, FL 32835

Mailing Address
C/O ALAN R. HEAP, D.M.D.
2409 S. HIAWASSEE ROAD
ORLANDO, FL 32835



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2977900

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEAP, ALAN R. D.M.D.
2409 S. HIAWASSEE RD.
ORLANDO, FL 32835

**DO NOT WRITE
IN THIS SPACE**

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

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

TITLE	D
NAME	HEAP, ALAN R. D.M.D.
STREET ADDRESS	1630 MARINA LAKE DR
CITY- ST- ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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01/23/04-80019-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(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: Alan R. Heap DMD 1-20-04 407-518-3731