


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L67281


1. Entity Name
FELIX JIMENEZ, D.D.S., P.A.



Principal Place of Business Mailing Address

1402 OAKFIELD DRIVE 1402 OAKFIELD DRIVE
 BRANDON, FL 33511 US BRANDON, FL 33511 US

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

| | |
|--|---------------------------------------|
| 4. FEI Number 59-2996964 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JIMENEZ, FELIX DDS, PA
 1402 OAKFIELD DRIVE
 BRANDON, FL 33511

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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 \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P JIMENEZ, FELIX 1402 OAKFIELD DRIVE 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)(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: Felix Jimenez 6/30/04 813-654-8772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #