


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 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**



03152005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2996964</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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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**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 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      3/15/05      813-654-8772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #