07-05-2005 12:35 From-MERCURIOBRIDGFORD 941 :

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State
07-18-2005 90041 007 ***150.00

DOCUMENT # L89238

1. Entity Name
ROBERT A. STIPANOV, D.D.S., P.A.

50055522

Principal Place of Business	Mailing Address
6060 STATE ROAD 70 SUITE B BRADENTON, FL 34203 US	6060 STATE ROAD 70 SUITE B BRADENTON, FL 34203 US

06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3020665
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STIPANOV, ROBERT A.
6060 STATE ROAD 70
SUITE B
BRADENTON, FL 34203

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STIPANOV, ROBERT A.
STREET ADDRESS	6060 STATE ROAD 70 STE B
CITY-ST-ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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: _____ 7/5/05 (941) 739-8303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
500533232

Robert A. Stipanov
6060 State Road 70
Suite B
Bradenton, FL 34203

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

RE: Robert A. Stipanov, DDS, PA
DOC# L89238
Annual Report

Dear Sir,

Enclosed are $150 and our annual report for 2005. Please waive any penalties, as we had no intentions as late filing. We thought the accounting firm had previously filed this report.

Sincerely,

Dr. Robert Stipanov, DDS