

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75962

FILED
Apr 04, 2005
Secretary of State

Entity Name: JULIE A. BOYLE, D.M.D., P.A.

Current Principal Place of Business:

430 SE 17TH ST
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

430 SE 17TH ST.
OCALA, FL 34771 US

New Mailing Address:

FEI Number: 59-2881861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, JULIE A. D.MD
6600 SW 18TH TERRACE RD
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOYLE, JULIE A.,
Address: 6600 SW 18 TERR
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: BOYLE, JULIE A.,
Address: 6600 SW 18 TERR
City-St-Zip: OCALA, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE A. BOYLE

DR.

04/04/2005

Electronic Signature of Signing Officer or Director

Date