


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N31227 1. Entity Name HICKORY WOODS DENTAL CENTER, INC.	
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Principal Place of Business 2720 SOUTHEAST 17TH STREET OCALA, FL 34471 US	Mailing Address 2720 SOUTHEAST 17TH STREET OCALA, FL 34471 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3010245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TROW, CHESTER J.
445 N.E. 8TH AVE
SUITE 2
OCALA, FL 34470

**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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, R.R., JR. 2720 SE 17TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEMESCO, STEPHEN C. 2710 SE 17TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, ANN 2720 SE 17TH STREET OCALA, FL 34471
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01/10/05-80010-021 61.25

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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)(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 617, 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:  R.R. Reed DRS 1-5-05 352-732511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #