2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM

DOCUMENT # P0000002018 1. Entity Name YVETTE GODET, D.M.D., P.A.	4		Secretary of State
150 N.W. 75TH DR., STE. B	lading Address 150 N.W. 75TH DR., STE. B SAINESVILLE, FL 32607	-	
			03062004 No Chg-P CR2E034 (10/03)
DO NOT WRITE II	N THIS SPA	CE	4. FEI Number Applied For 59-3625229 Not Applied Inc.
<u>, , , , , , , , , , , , , , , , , , , </u>	one of these cases		5. Certificate of Status Desired
6. Name and Address of Current Regist GODET, YVETTE D.M.D 150 N.W. 75TH DR., STE. B GAINESVILLE, FL 32607	stered Agent		DO NOT WRITE IN THIS SPACE
B. 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 PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRE	CTORS		
ITILE D NAME GODET, YVETTE D.M.D. SIREET ADDRESS CILY-SI-ZIP GAINESVILLE, FL 32607 ITILE NAME SIREET ADDRESS CILY-SI-ZIP			U00000138018 04/29/04-80065-805 150.00
ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME			DO NOT WRITE IN THIS SPACE
STREET ADDRESS CHY-SI-ZIP HILE NAME STREET ADDRESS CHY-SI-ZIP			

12. I horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(1), 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:

HE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR