

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000020184  
 1. Entity Name  
 YVETTE GODET, D.M.D., P.A.



Principal Place of Business: 150 N.W. 75TH DR., STE. B, GAINESVILLE, FL 32607  
 Mailing Address: 150 N.W. 75TH DR., STE. B, GAINESVILLE, FL 32607



08252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-3625229 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GODET, YVETTE D.M.D.  
 150 N.W. 75TH DR., STE. B  
 GAINESVILLE, FL 32607

**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]* DATE: 8-25-05  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GODET, YVETTE D.M.D.
STREET ADDRESS	150 N.W. 75TH DR., STE. B
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000377317  
 08/29/05-80004-011 150.00

**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: *[Signature]* DATE: 8-25-05 (352)333-9898  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR