

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024366

FILED
Jan 17, 2005
Secretary of State

Entity Name: CITRUS RIDGE DENTAL CENTER, P.A.

Current Principal Place of Business:

194 N HWY 27, SUITE F
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

194 N HWY 27, SUITE F
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 59-3644771 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NARDOTTI, ANTHONY N
3389 A WEST WOODBRIGHT RD
BOYNTON BEACH, FL 33436 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: PVST () Delete
Name: KALWARA, KRISTIN C
Address: 194 N HWY 27, SUITE F
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: KALWARA, KRISTIN C DDS
Address: 194 N HWY 27, SUITE F
City-St-Zip: CLERMONT, FL 34711

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: KRISTIN C. KALWARA, DDS

PRES

01/17/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date