2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State
07-26-2004 90002 032 ***150.00

DOCUMENT # P00000031706

1. Entity Name
THE TOOTH DOC.COM, P.A.

Principal Place of Business	Mailing Address
2440 VANDERBILT BEACH ROAD SUITE 212 NAPLES, FL 34109	2440 VANDERBILT BEACH ROAD SUITE 212 NAPLES, FL 34109

J94069702

07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2186210
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 _____ 7/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	NGUYEN, LUYEN DDS
STREET ADDRESS	2440 VANDERBILT BEACH ROAD SUITE 212
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 7/21/04 239-593-6908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 540647702

The Tooth Doc.Com,P.A.
Dr. Luyen Nguyen

2440 Vanderbilt beach road, Suite 212
Naples, FL 34109

Tel: 239-593-6708
Fax: 239-593-6710

July 21, 2004

Florida Department of State (UBR)
Division of Corporations
Uniform Business Report Fillings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Re: Document #P000031706, FEI #52-2186210

Enclosed please find check #1749 in the amount of $150. We did not receive the reminder form and did not remember about the dead line of May 1st, until we had spoken to our CPA.

Please accept our payment and should you have any questions, please contact me at 239-593-6708.

Thank you,

Very truly yours,

Luyen Nguyen, DDS
For The Tooth Doc.com., P.A.

Cc: Jon Deming, CPA