

**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  
2440 VANDERBILT BEACH ROAD  
SUITE 212  
NAPLES, FL 34109

Mailing Address  
2440 VANDERBILT BEACH ROAD  
SUITE 212  
NAPLES, FL 34109

**34064702**



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

**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 

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
NGUYEN, LUYEN DDS  
2440 VANDERBILT BEACH ROAD SUITE 212  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/04

Date

239-593-6708

Daytime Phone #

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

2440 Vanderbilt beach road, Suite 212  
Naples, FL 34109

54064702  
Tel: 239-593-6708  
Fax: 239-593-6710

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July 21, 2004

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

To Whom It May Concern:

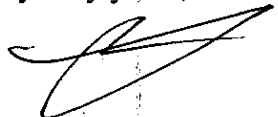
Re: Document #P000031706, FEI #52-2186210

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 1<sup>st</sup>, 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