


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90024 039 ***150.00

DOCUMENT # P00000040296			
1. Entity Name HENRY J. TABELING, D.M.D., P.A.			
Principal Place of Business 2520 US 1 SOUTH SAINT AUGUSTINE, FL 32086		Mailing Address 117 ST ANDREWS PL DR SAINT AUGUSTINE, FL 32092	
2. Principal Place of Business 117 ST ANDREWS PL DR.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAINT AUGUSTINE, FL		City & State	
Zip 32092	Country USA	Zip	Country
6. Name and Address of Current Registered Agent TABELING, HENRY J D.M.D. 2520 US 1 SOUTH SAINT AUGUSTINE, FL 32086		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 117 St. Andrews Place Dr. St. Augustine FL City FL Zip Code 32092	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TABELING, HENRY J D.M.D. 2520 US 1 SOUTH SAINT AUGUSTINE, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 117 St. Andrews Place Dr. St. Augustine, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vickie L. KAISER 117 St. Andrews Place Dr. St. Augustine, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Henry J. Tabeling, D.M.D., P.A.		Date: 1-14-05 Daytime Phone #: 904-994-4936	

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01132005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3643628 Applied For
Not Applicable

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