2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # P00000044160** 04-22-2004 90066 017 ***150.00 1. Entity Name DANIEL T. QUEVEDO, D.D.S., P.A. Principal Place of Business Mailing Address 24051384 505 WEKIVA SPRINGS RD., STE. 100 505 WEKIVA SPRINGS RD., STE. 100 LONGWOOD, FL 32779 LONGWOOD, FL 32779 CR2E034 (10/03) 04112004 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3643243 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent JURGENS, J.A. P.A. DO NOT WRITE 505 WEKIVA SPRINGS RD., STE. 100 LONGWOOD, FL 32779 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME QUEVEDO, DANIEL T 505 WEKIVA SPRINGS RD., STE. 100 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 empewared 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 empowering.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED