

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P00000044160

1. Entity Name

DANIEL T. QUEVEDO, D.D.S., P.A.



Principal Place of Business

505 WEKIVA SPRINGS RD., STE. 100  
LONGWOOD, FL 32779

Mailing Address

505 WEKIVA SPRINGS RD., STE. 100  
LONGWOOD, FL 32779

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**



03272005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
59-3643243	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JURGENS, J.A. P.A.  
505 WEKIVA SPRINGS RD., STE. 100  
LONGWOOD, FL 32779

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUEVEDO, DANIEL T
STREET ADDRESS	505 WEKIVA SPRINGS RD., STE. 100
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80058-018 150.00

**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

Date

Daytime Phone #