


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90045 017 \*\*\*150.00

<b>DOCUMENT # P00000077622</b>	
1. Entity Name OCEANS DENTAL GROUP, INC.	

Principal Place of Business <del>4904 CLYDE MORRIS BLVD</del> <del>STE B</del> <del>PORT ORANGE, FL 32119</del>	Mailing Address <del>4904 CLYDE MORRIS BLVD</del> <del>STE B</del> <del>PORT ORANGE, FL 32119</del>
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2. Principal Place of Business 9 BROADRIVER RD	3. Mailing Address 9 BROADRIVER RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORMOND BEACH, FL	City & State ORMOND BEACH, FL
Zip 32174	Country US

01142004 Chg-P CR2E034 (10/03)



6. Name and Address of Current Registered Agent  FOX, FREDERICK A <del>4904 CLYDE MORRIS BLVD</del> <del>STE B</del> <del>PORT ORANGE, FL 32119</del>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9 BROADRIVER RD City ORMOND BEACH FL Zip Code 32174	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, FREDERICK A <del>4904 CLYDE MORRIS BLVD STE B</del> <del>PORT ORANGE, FL 32119</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 BROADRIVER RD ORMOND BEACH FL 32174 <input checked="" 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
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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: X Frederick A Fox FREDERICK A FOX 2.2.04 386-672-1677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #