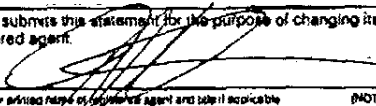
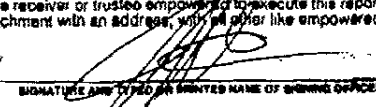


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000085702		
1. Entity Name ATLANTIC COAST PROSTHODONTICS, INC.		
Principal Place of Business 1509 MASON AVE. DAYTONA BCH, FL 32117		Mailing Address 1509 MASON AVE. DAYTONA BCH, FL 32117
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent WHITSITT, JOHN A 1509 MASON AVE. DAYTONA BCH, FL 32117		 04302004 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3666876 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
9. 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  DATE 4/30/04 Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when retreating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee U000000151868 05/04/04-80063-012 150.00
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	WHITSITT, JOHN A	
STREET ADDRESS	1509 MASON AVENUE	
CITY - ST - ZIP	DAYTONA BEACH, FL 32117	
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)(c), 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 an officer like empowered.		
SIGNATURE: 		Date 4/30/04 386-239-7600 Signature typed or printed name of signing officer or director