## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Mar 19, 2004 8:00 am Secretary of State

03-19-2004 90028 017 \*\*\*150.00

## DOCUMENT # P00000085771

1. Entity Name

THOMAS	S P. HALE, D.D.S	s, P.A.								
Principal Place of Business 9180 GALLERIA CT STE 100 NAPLES FL 34109		Mailing Address 9180 GALLERIA CT STE 100 NAPLES FL 34109		#4012\Q4						
	Place of Business		3. Mailing Address		<del></del> .					
·			Suite, Apt. #, etc.				<b>                    </b>	Lair <b>43</b> 111 <b>16</b> 14: L <b>a</b> ir		
Suite, Apt					·		OORE	CR2E034		·
City & Sta	ate		City & State			4. FEI Number	65-10376	98	<b>├</b> ──	Applied For Not Applicable
Zip	Count	ry	Zip	Count	try	5. Certificate of	Status Desired		\$8.75 A	
	6. Name and Add	iress of Current F	legistered Agent		Nema	7. Name and Ad	idress of New	Registered	Agent	
LI A I	LE, THOMAS P				Name .	. Bullyman - Committee and				
918	O GALLERIA CT	_			Street Address	(P.O. Box Number is	Not Acceptab	ole)		
( +11	MYERS FL 3391		14. 1	,						
	SI AC	nould rea	J'Naples, E	34129	City			FL	Zip Cod	de
	e named entity submits	this statement for t	he purpose of changing it	1101	d office or registe	ered agent, or both, in	n the State of F	lorida. Lam	familiar with	, and accept
the obligat	tions of registered ager	nt.								
SIGNATURE						. <u> </u>		DATE		
SIGNATURE	Signature, typed or printed na	me of registered agent and	d title if applicable. (NO	TE: Registered	Agent signature require	ed when reinstating)		UATE		
• F	Signature, typed or printed na	S \$150.00	title if applicable. (NO	DTE: Rogistered	Agent signature require		on Campaign F			nn vay Ba
- F Afte	Signature, typed or printed na FILE NOW!!! FEE I er May 1, 2004 Fee w	S \$150.00 ill be \$550.00		TE: Rogistered	Agent signature require	9. Election	on Campaign F Fund Contribut	inancing	\$5.0 Adde	00 May Be
- F Afte	Signature, typed or printed na FILE NOW!!! FEE I er May 1, 2004 Fee w k Payable to Florida	S \$150.00 ill be \$550.00	State	OTE: Rogistered	Agent signature require	9. Election	Fund Contribut	inancing ion. [	Adde	d to Fees
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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: