

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115181

Entity Name: PETER J. LINEK, D.D.S., M.D., P.A.

FILED
May 15, 2005
Secretary of State

Current Principal Place of Business:

1984 WESTBOURNE DR
OVIEDO, FL 32765

New Principal Place of Business:

851 DUNLAWTON AVE
SUITE 304
PORT ORANGE, FL 32127

Current Mailing Address:

1984 WESTBOURNE DR
OVIEDO, FL 32765

New Mailing Address:

851 DUNLAWTON AVE
SUITE 304
PORT ORANGE, FL 32127

FEI Number: 59-3688497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINEK, PETER J
1984 WESTBOURNE DR.
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LINEK, PETER J
Address: 1984 WESTBOURNE DR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. LINEK, D.D.S., M.D.

D

05/15/2005

Electronic Signature of Signing Officer or Director

Date