


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar-31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000117911 1. Entity Name ABDONEY PEDIATRIC DENTISTRY, P.A.	
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Principal Place of Business 2220 E. BLOOMINGDALE AVE., STE. A VALRICO, FL 33594	Mailing Address 2220 E. BLOOMINGDALE AVE., STE. A VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2597943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABDONEY, MATTHEW F DR
2220 E. BLOOMINGDALE AVE., STE. A
VALRICO, FL 33594

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000100180
03/31/04-80036-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDONEY, MATTHEW F DR 2220 E. BLOOMINGDALE AVE., STE. A VALRICO, FL 33594
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Matthew Abdoney 3/17/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #