


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000117911
 1. Entity Name
 ABDONEY PEDIATRIC DENTISTRY, P.A.



Principal Place of Business Mailing Address
 2220 E. BLOOMINGDALE AVE., STE. A 2220 E. BLOOMINGDALE AVE., STE. A
 VALRICO, FL 33594 VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2597943	Applied For 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

DO NOT WRITE 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, 2005 Fee will be \$550.00

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


U00000256102
 03/08/05-80044-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABDONEY, MATTHEW F DR
STREET ADDRESS	2220 E. BLOOMINGDALE AVE., STE. A
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE:  3/2/05 813-651-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Matthew F. Abdoney