2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # P0100006332

1. Entity Name HORIZON DENTAL, P.A.

Principal Place of Business

5381 N SOCRUM LOOP RD LAKELAND, FL 33809 Mailing Address

5381 N SOCRUM LOOP RD LAKELAND, FL 33809

FILED Jul 26, 2004 08:00 AM Secretary of State



07192004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3699413 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

YOUNG, KEITH 125 TRACY WAY LAKELAND, FL 33809

SIGNATURE:

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					
FiLE NOW!!! FEE 18 \$550.00 Due by September 8, 2004		Election Campaign Finan Trust Fund Contribution.	cing 🖂	\$5.00 May Be Added to Fees	U00000168193 07/26/04-80003-024-550.00
10. OFFICERS AND DIRECTORS					
DILE NAME STREET ADDRESS CHY-ST-ZIP	P YOUNG, KEITH 125 TRACY WAY LAKELAND, FL 33809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
THEE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
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)(i), Fiorida Statutes. I further certify that the information indicated on this report or supplemental report is the angle accusate and that my signature shall have the same legal effect as if made under outif, that I am an office or director of the compretion or the receiver by this see employered to execute this report as Javiered by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if					