

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009938

FILED  
Jan 11, 2005  
Secretary of State

**Entity Name:** BUCKENHEIMER AND BULNES, D.M.D.'S, P.A.

**Current Principal Place of Business:**

3906 W NEPTUNE ST  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3906 W NEPTUNE ST  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-3697784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUCKENHEIMER, TERRY L DMD  
3906 W NEPTUNE ST  
TAMPA, FL 33629 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: BUCKENHEIMER, TERRY L DMD  
Address: 3906 W NEPTUNE ST  
City-St-Zip: TAMPA, FL 33629

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: BUCKENHEIMER, TERRY L DMD  
Address: 3906 W NEPTUNE ST  
City-St-Zip: TAMPA, FL 33629

Title: DR. ( ) Change (X) Addition  
Name: BULNES, CHRISTOPHER M DMD  
Address: 3906 WEST NEPTUNE ST.  
City-St-Zip: TAMPA, FL 33629

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:** CHRISTOPHER M. BULNES DMD

VP

01/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date