## FILED Feb 07, 2005 8:00 am Secretary of State

, <b>2003</b> I	ANNUAL	REPORT	
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DOCUMENT # P01000012671  1. Entity Name WILLOW WALK FAMILY DENTISTRY, P.A.							02-07-200	15 90078	044 ***1	50.00	
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Principal Place of Business Mailing Address							400146	57			
175 N.W. 138TH TERRACE 175 N.W. 138TH TERRACE					400140	, ,					
SUITE 200 SUITE 200 JONESVILLE, FL 32669 JONESVILLE, FL 32669											
Principal Place of Business     3. Mailing Address							<u>                                    </u>	30141   1115   42	eijų i <b>r</b> iai il		
Suite, Apt. #, etc. Suite, Apt. #, etc.						01162005	Chg-P	CR2E03	4 (10/03)	<del></del>	
City & State City & State				4. FEI Number 59-3691	043		No	plied For Applicable			
Zip		Country	Zip		Coun	try	5. Certificate o	Status Desired		8.75 Add ee Required	
	6. Name	and Address of Curr	ent Registere	d Agent			7. Name and A	ddress of New R			
						Name					~
HAUG, CYNTHIA D 175 N.W. 138TH TERRACE SUITE 200					Street Address (P.O. Box Number is Not Acceptable)						
JONESVILI		2669						<u></u>		T = 0-4	
						City			FL	Zip Code	·
		y submits this stateme tered agent.	nt for the purp	ose of changing its	register	ad office or register	red agent, or both	, in the State of Flo	rida. I am f	amiliar with,	and accept
ine obligati	uns ui regis	цегео адегн.									
SIGNATURE_	Sinnahan biner	or printed name of registered	ment and title if soo	icable : (NOT	F- Genistere	d Agent signature required	d when reinstation)		DATE		
		To prince the or tag account		1101							
FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$5		<ol><li>Election Campa Trust Fund Con</li></ol>	_		.00 May Be ded to Fees			-	;
10.		OFFICERS A	ND DIRECTO	RS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
T±TLE	D			☐ Delete	TITL			· · · · ·	•	☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filling ages not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliernental 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 this see project 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.											
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SIGNAT	SIGNATURE: SIGNATURE AND TYPED OR PRINTED WARE OF SIGNING OFFICE OF DIRECTOR										