2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020982

Entity Name: WILLIAM SCOTT WAGNER, D.M.D., P.A.

FILED Feb 06, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
14333-6 BEACH BLVD JACKSONVILLE, FL 32	250			
Current Mailing Address:		New Mailing Address:		
14333-6 BEACH BLVD JACKSONVILLE, FL 32:	250			
FEI Number: 59-3699696	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
CAVENDISH, MICHAEL C/O MIGUIRE WOODS LLP 50 N LAURA ST STE 3300 JACKSONVILLE, FL 32202 US		CAVENDISH, MICHAEL 201 N. HOGAN ST. SAXELBYE BLDG. SUITE 400 JACKSONVILLE, FL 32202 US		
The above named entity in the State of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			02/06/2005	
Electro	nic Signature of Registered Ag	ent	Date	
Election Campaign Financin	g Trust Fund Contribution ().			

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: POD () Delete Title: () Change () Addition Name: WAGNER, WILLIAM SCOTT DMD Name:

 Name:
 WAGNER, WILLIAM SCOTT DMD
 Name:

 Address:
 14333-6 BEACH BLVD
 Address:

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32250
 City-St-Zip:

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: W. SCOTT WAGNER DMD,PA DR 02/06/2005