

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047077

FILED
Mar 07, 2004
Secretary of State

Entity Name: SUSAN N. PARK,DMD, P.A.

Current Principal Place of Business:

1661 ESTERO BLVD STE 29
FT MYERS BCH, FL 33932

New Principal Place of Business:

Current Mailing Address:

1661 ESTERO BLVD STE 29
FT MYERS BCH, FL 33932

New Mailing Address:

FEI Number: 65-1116720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRCLOUGH, MICHAEL J
11380 PROSPERITY FARMS RD STE 112
PALM BCH GARDENS, FL 33410 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: PARK, SUSAN N
Address: 1661 ESTERO BLVD STE 29
City-St-Zip: FT MYERS BCH, FL 33932

Title: VP () Delete
Name: CALELLA, ARMANNO
Address: 68 WOLLOTT DR
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GALELLA, ARMANNO
Address: 68 WOLLOTT DR
City-St-Zip: NORTH FORT MYERS, FL 33903

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: ARMANDO GALELLA

VP

03/07/2004

Electronic Signature of Signing Officer or Director

Date