2004 FOR PROFIT CORPORATION

Feb 14, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P01000052048** 1. Entity Name JAMISON L. PLANTZ, D.M.D., P.A. Principal Place of Business Mailing Address 305 HWY 98 EAST 305 HWY 98 EAST DESTIN, FL 32541 DESTIN, FL 32541 01262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3722528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOORE, BRET A DO NOT WRITE 135 E JOHN C SIMS PARKWAY NICEVILLE, FL 32578 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000051580 OFFICERS AND DIRECTORS 10. **iiī**Œ PSTD PLANTZ, JAMISON L NAME STREET ADDRESS 12 HILLCREST DR CITY-ST-ZIP SHALIMAR, FL 32579 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does 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 supplemental 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 trustee empowered to execute this report 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

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