


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90035 027 ***150.00

| | | | | | |
|---|---|---------------------------------|---|---|--|
| DOCUMENT # P01000059529 | | | |  | |
| 1. Entity Name SANTIAGO DENTAL ASSOCIATES, P.A. | | | | | |
| Principal Place of Business 5 ARREDONDO AVE., STE. A ST. AUGUSTINE FL 32080 | | | Mailing Address 5 ARREDONDO AVE., STE. A ST. AUGUSTINE FL 32080 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | | |
| GEIGER, JOHN R ESQ 4475 US 1 SOUTH #406 ST. AUGUSTINE FL 32086 | | | | Name | |
| | | | | Street A | |
| | | | | City | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signat | | | | | |
| <div style="border: 1px solid black; padding: 5px;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS SANTIAGO, ROBERTO 5 ARREDONDO AVE STE A ST AUGUSTINE FL 32080 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT SANTIAGO, NELLY 5 ARREDONDO AVE STE A ST AUGUSTINE FL 32080 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |



1st MOORE CR2E034 (10/04)

Please note there
is a slight error
on the FEI number.

The correct FEI # is:
59-3725848.

Any question please call
(904) 471-2504. Thanks,
Nelly Santiago.

Applied For
Not Applicable

ional

and accept

May Be
d to Fees

IN 11

☐ Addition

☐ Change ☐ Addition

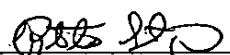
☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 2005 (904) 824-0990
Date Daytime Phone #