


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000061047</b> 1. Entity Name APOLLO BEACH FAMILY DENTISTRY, INC.	
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Principal Place of Business 101 FLAMINGO SUITE D APOLLO BEACH, FL 33572	Mailing Address 101 FLAMINGO SUITE D APOLLO BEACH, FL 33572
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01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3727587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  COLLIER, SHARON DDS 101 FLAMINGO SUITE D APOLLO BEACH, FL 33572
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLIER, SHARON DDS 3816 BOARDWALK PLACE RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/16/04-80044-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Sharon Collier DDS 1-12-04 813-645-1501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #