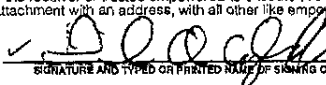


FILED
Mar 03, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000079918																																										
1. Entity Name DAVID A. CAMPBELL, D.M.D., P.A.																																										
Principal Place of Business 3003 S. FLORIDA AVE., STE. 201 LAKELAND, FL 33803	Mailing Address 3003 S. FLORIDA AVE., STE. 201 LAKELAND, FL 33803																																									
DO NOT WRITE IN THIS SPACE																																										
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 59-3246164 Applied For ☐ Not Applicable																																								
6. Name and Address of Current Registered Agent CAMPBELL, DAVID A 3003 S. FLORIDA AVE., STE. 201 LAKELAND, FL 33803		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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">TITLE</td><td>D</td></tr><tr><td>NAME</td><td>CAMPBELL, DAVID A</td></tr><tr><td>STREET ADDRESS</td><td>3003 S. FLORIDA AVE., STE. 201</td></tr><tr><td>CITY-STATE-ZIP</td><td>LAKELAND, FL 33803</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr></table>		TITLE	D	NAME	CAMPBELL, DAVID A	STREET ADDRESS	3003 S. FLORIDA AVE., STE. 201	CITY-STATE-ZIP	LAKELAND, FL 33803	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		DO NOT WRITE IN THIS SPACE 000000249959 03/03/05-90025-004 150.00
TITLE	D																																									
NAME	CAMPBELL, DAVID A																																									
STREET ADDRESS	3003 S. FLORIDA AVE., STE. 201																																									
CITY-STATE-ZIP	LAKELAND, FL 33803																																									
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-STATE-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-STATE-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-STATE-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-STATE-ZIP																																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		Date 2/28/05 Daytime Phone # 863-687-9027																																								