

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000088125

1. Entity Name

JOHN H. QUIRK, D.D.S., P.A.



FILED

Jan 23, 2004 08:00 AM
Secretary of State

Principal Place of Business
544 JOHN RINGLING BLVD.
SARASOTA FL 34239

Mailing Address
544 JOHN RINGLING BLVD.
SARASOTA FL 34239



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1136415

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUIRK, JOHN H
544 JOHN RINGLING BLVD.
SARASOTA FL 34239

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME QUIRK, JOHN H D.D.S.
STREET ADDRESS 544 JOHN RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL 34239

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Add

000000011848
01/23/04-80046-010 150.00

TITLE
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CITY-ST-ZIP

Change Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Quirk DDS JOHN QUIRK DDS 1-20-04 941-388-411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #