2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 07, 2004 8:00 am
Secretary of State

05-10-2004 90473 046 ***150.00

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04292004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000102940

1. Entity Name
NEAPOLITAN DENTISTRY, P.A.

Principal Place of Business
671 GOODLETTE RD NORTH, SUITE 200
NAPLES, FL 34102

Mailing Address
671 GOODLETTE RD NORTH, SUITE 200
NAPLES, FL 34102

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3751493 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LESANSKY, DAVID J
671 GOODLETTE RD NORTH, SUITE 200
NAPLES, FL 34102

7. Name and Address of New Registered Agent
Name: Richard E. Donatelli
Street Address (P.O. Box Number is Not Acceptable): 671 Goodlette Rd. N. #200
City: Naples FL Zip Code: 34102

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: R E Donatelli DMD Director 5/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remailing) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DONARELLI, RICHARD E	NAME	
STREET ADDRESS	268 SHARWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LESANSKY, DAVID J	NAME	
STREET ADDRESS	25140 SANDPIPE GREENS CT #104	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: R E Donatelli DMD Director 5/27/04 RICHARD E. DONATELLI DMD, DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #