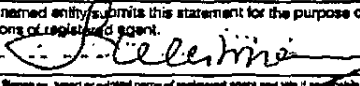


FILED
Feb 27, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000017308		
1. Entity Name LESLIE CELESTINA, D.D.S., P.A.		
Principal Place of Business 37 RYANT BLVD SEBRING, FL 33872-4075		Mailing Address 37 RYANT BLVD SEBRING, FL 33872-4075
DO NOT WRITE IN THIS SPACE		
		01142004 No Chg-P CR2E034 (10/03)
4. FEI Number 01-0601566		Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CELESTINA, LESLIE DDS 37 RYANT BLVD SEBRING, FL 33872-4075		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:  Signature, typed or printed name of registered agent and title if applicable.		DATE: 7-23-04 NOTE: Registered Agent signature required when releasing!
FILE NOW!! FEB 15 \$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 CELESTINA, LESLIE DDS 37 RYANT BLVD SEBRING, FL 338724075	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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 807, 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		DIRECTOR Date: 2-2-04 863-3824894 Daytime Phone #