

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000027110

1. Entity Name
MAHAN CENTER DENTISTRY, P.A.



Principal Place of Business
**1641 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308**

Mailing Address
**1641-1 MAHAN CENTER BLVD
TALLAHASSEE, FL 32308**



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3628772

Applied For
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**WOODRUFF, BRUCE ARTHUR
1641-1 MAHAN CENTER BLVD
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

9. 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 X [Signature] (Bruce Woodruff) X 7 JUL 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
WOODRUFF, BRUCE ARTHUR
1641-1 MAHAN CENTER BLVD
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
CIFRODELLI, TONIANNE
1641-1 MAHAN CENTER BLVD
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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: X [Signature] X 7 JUL 04 (950) 309-0045
Signature and typed or printed name of signing officer or director Date Daytime Phone #