

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000046215

**FILED  
Jul 10, 2008  
Secretary of State**

**Entity Name:** ROBERT STANLEY REAVES, D.D.S., P.A.

**Current Principal Place of Business:**

1511 INDIAN ROCKS RD. SOUTH  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

1511 INDIAN ROCKS RD. SOUTH  
LARGO, FL 33770

**New Mailing Address:**

FEI Number: 02-0585071      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REAVES, ROBERT S  
1511 INDIAN ROCKS RD. SOUTH  
LARGO, FL 33770    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR      ( ) Delete  
Name: REAVES, ROBERT S  
Address: 1511 INDIAN ROCKS RD. SOUTH  
City-St-Zip: LARGO, FL 33770

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DR.      ( ) Change (X) Addition  
Name: DENISE, REAVES N  
Address: 1511 INDIAN ROCKS RD.  
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE REAVES

DR.

07/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date