

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90076 043 ***150.00

DOCUMENT # P02000063777

1. Entity Name

CHERYL L. MALICK, D.M.D., P.A.



Principal Place of Business

7955 AIRPORT PULLING RD N
 STE 201
 NAPLES FL 34109

Mailing Address

7955 AIRPORT PULLING RD N
 STE 201
 NAPLES FL 34109

24033500



MOORE CR2E034 (11/03)

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

01-0715523

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALICK, CHERYL L
 1220 RESERVE WAY APT 306
 NAPLES FL 34109

← change of address only

7. Name and Address of New Registered Agent

Name Cheryl L. Malick, D.M.D.

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

2262 Arbon Walk Circle Apt 1624

City Naples

FL

Zip Code 34109

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

Cheryl L. Malick, D.M.D., President

03/29/04

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MALICK, CHERYL L DMD	
STREET ADDRESS	1220 RESERVE WAY APT 306	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Cheryl L. Malick, D.M.D.</u>	
STREET ADDRESS	<u>2262 Arbon Walk Circle Apt 1624</u>	
CITY-ST-ZIP	<u>Naples FL 34109</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

CHERYL L. MALICK, D.M.D.

01/22/04 2395963434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #