2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# P02000076134

Entity Name: COUNTRYSIDE DENTAL CARE OF GAINESVILLE, INC.

Current Principal Place of Business:

4436 NW 23 AVE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

4232 NW 73RD TERRACE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 13-4203442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, SCOTT F
200 SOUTH HOOVER BLVD.
BLDG. 201 SUITE 140
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

NELSON, SCOTT F
4890 W. KENNEDY BLVD
SUITE 240
TAMPA, FL 33609 US

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: SCOTT NELSON 01/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: GOH, HERMAN L
Address: 4232 NW 73RD TERRACE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HERMAN GOH DR 01/18/2005
Electronic Signature of Signing Officer or Director Date