

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90293 036 ***150.00

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1. Entity Name
IMPLANT & GENERAL DENTISTRY OF TAMPA BAY, P.A.

Principal Place of Business
**15950 BAY VISTA DR.
#390
CLEARWATER, FL 33760**

Mailing Address
**501 FIRST AVE NORTH, STE 1000
ST PETERSBURG, FL 33701**

24061615



2. Principal Place of Business

3. Mailing Address

1607 Dr ML King St. No.

04092004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

05-0525914

Applied For

Not Applicable

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

33704

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEIN, HENRY A
501 FIRST AVE NORTH, STE 1000
ST PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name

Stein, Henry A.

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

1607 Dr. ML King Jr. St. No.

City

St. Petersburg

FL

Zip Code

33704

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$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	DP	<input type="checkbox"/> Delete
NAME	TATUM, OSCAR H III	
STREET ADDRESS	15950 BAY VISTA DR, #390	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BORGNER, RICHARD A	
STREET ADDRESS	15950 BAY VISTA DR., #390	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CULLEN, MARK	
STREET ADDRESS	15950 BAY VISTA DR., #390	
CITY-ST-ZIP	CLEARWATER, FL 33760	
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	<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
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR H. TATUM III 4/27/04 727-535-6400

Date

Daytime Phone #