

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90345 042 \*\*\*150.00

**DOCUMENT # P02000084460**  
 1. Entity Name  
 JOHN C. BABCOCK, D.D.S., P.A.



Principal Place of Business: 5250 17TH STREET, STE 11, SARASOTA, FL 34235  
 Mailing Address: 4378 OAK VIEW DRIVE, SARASOTA, FL 34232

**50038671**



2. Principal Place of Business Suite-Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

03292005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 54-2067533  
 Applied For: Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BABCOCK, JOHN C  
 4378 OAK VIEW DRIVE  
 SARASOTA, FL 34232

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE: D  
 NAME: BABCOCK, JOHNN C  
 STREET ADDRESS: 4378 OAK VIEW DRIVE  
 CITY-ST-ZIP: SARASOTA, FL 34232

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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] Date: 4/21/05 Daytime Phone #: 941 378 3891