


# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000085096</b> 1. Entity Name RONALD E. MOLINARI, DDS, PA	
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Principal Place of Business 91750 OVERSEAS HIGHWAY TAVERNIER, FL 33070	Mailing Address P. O. BOX 733 TAVERNIER, FL 33070
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**DO NOT WRITE IN THIS SPACE**

02142004 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0790393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOLINARI, RONALD E DDS  
91750 OVERSEAS HIGHWAY  
TAVERNIER, FL 33070

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000064886 02/25/04-80012-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOLINARI, RONALD E DDS 91750 OVERSEAS HIGHWAY TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MOLINARI, THERESA R 91750 OVERSEAS HIGHWAY TAVERNIER, FL 33070
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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)(f), 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:**  **Ronald E. Molinari** 2/19/04 358525614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #