

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90018 038 ***150.00

DOCUMENT # P02000103828

1. Entity Name
MERRITT ISLAND DENTAL CENTER, P.A.



Principal Place of Business
**1685 EAST CENTRAL AVENUE
MERRITT ISLAND, FL 32952**

Mailing Address
**1685 EAST CENTRAL AVENUE
MERRITT ISLAND, FL 32952**

2. Principal Place of Business
325-M E Merritt Isl Cswy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004 Chg-P CR2E034 (10/03)

City & State
Merritt Island

City & State

4. FEI Number
52-2379457

Applied For
Not Applicable

Zip
32953

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**DORSEY, MICHELLE M
1685 EAST CENTRAL AVENUE
MERRITT ISLAND, FL 32952**

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DORSEY, MICHELLE M
1685 EAST CENTRAL AVENUE
MERRITT ISLAND, FL 32952**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/04