


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-24-2004 90018 007 ***150.00

DOCUMENT # P02000113194	
1. Entity Name MCILWAIN FAMILY DENTISTRY, PA	

Principal Place of Business 4710 N HABANA AVE STE 203 TAMPA, FL 33614	Mailing Address 4710 N HABANA AVE STE 203 TAMPA, FL 33614
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44020494



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03132004 Chg-P CR2E034 (10/03)

4. FEI Number 81-0579150		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCILWAIN, LEIGH ANN DMD 4710 N HABANA AVE STE 203 TAMPA, FL 33614		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

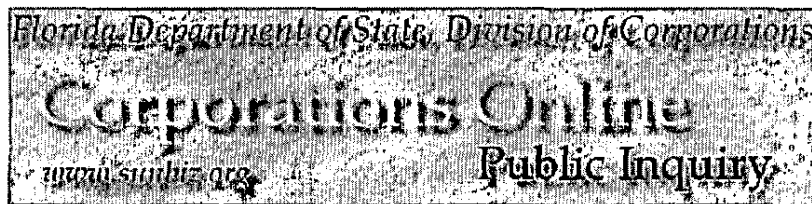
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCILWAIN, LEIGH ANN DMD 4710 N HABANA AVE STE 203 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCILWAIN, JAMES E DDS MSD 4710 N HABANA AVE STE 203 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAIRAMONTE, MICHAEL 4710 N HABANA AVE STE 203 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Leigh Ann McIlwain / Leigh Ann McIlwain 3/22/04 (813)879-8097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
44020495



Florida Profit**MCILWAIN FAMILY DENTISTRY, PA**

PRINCIPAL ADDRESS

4710 N HABANA AVE STE 203
TAMPA FL 33614

MAILING ADDRESS

4710 N HABANA AVE STE 203
TAMPA FL 33614

Document Number
P02000113194

FEI Number
810579150

Date Filed
10/21/2002

State
FL

Status
ACTIVE

Effective Date
NONE

Last Event
REINSTATEMENT

Event Date Filed
10/20/2003

Event Effective Date
NONE

Registered Agent

Name & Address
MCILWAIN, LEIGH ANN DMD 4710 N HABANA AVE STE 203 TAMPA FL 33614

Officer/Director Detail

Name & Address	Title
MCILWAIN, LEIGH ANN DMD 4710 N HABANA AVE STE 203 TAMPA FL 33614	D
MCILWAIN, JAMES E DDS MSD 4710 N HABANA AVE STE 203 TAMPA FL 33614	D
CHAIRAMONTE, MICHAEL 4710 N HABANA AVE STE 203 TAMPA FL 33614	D

Annual Reports

#P02000113194

44020494

Report Year	Filed Date
2003	10/20/2003

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No Name History Information

Document Images

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