2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 100

DOCUMENT # P02000122352 1. Entity Name								Feb 02, 2004 08:00 AM Secretary of State				
ORAL HYGIENE SERVICES, P.A.												
Principal Place of Business Mailing Address						•	7					
2920 BEE RIDGE ROAD SARASOTA FL 34239				2920 BEE RIDGE ROAD SARASOTA FL 34239			- Alberta Constant					
Principal Place of Business 3. Mailing Address							_					
Suite. Apt. #, etc.			Sust	Surie, Apr. #, etc				MOORE	CR2E034	(11/03)		
City & Stat	e		City	City & State			4. 8	-El Number 03-0492(084	}	olied For Applicable	
Zip	Country		Zip	Zip		Country		Certificate of Status Desire	d 🔲	\$8.75 Addi Fee Required	tional	
6. Name and Address of Current Registered Agent								lame and Address of Ne	w Registered	Agent		
I ANDDECUT WHILLIAM C						Name						
LAMBRECHT, WILLIAM G 200 SOUTH ORANGE AVENUE SARASOTA FL 34236						Street Address (P.O. Box Number is Not Acceptable)						
						City			FL	Zip Code	·	
8. The above the obligat	named entit	y submits this statement ered agent.	for the purp	ose of changing its	register	ed office or registe	ered ag	ent, or both, in the State o		familiar with, a	and accept	
SIGNATURE .	Signature typed	or printed name of registered age	nt and title if app	picable (NOTE	E Registere	d Agent signature require	ar nadw De	onstating)	DATE			
	HE MONH	1 EEE 10 6160 00		1					I	 		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaigr Trust Fund Contrib			May Be to Fees	
10.	OFFICERS AND DIRECTORS 11						AD	DITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	IN 11	
THE	P			☐ Delete		BILE				Change	Addition	
NAME STREET ADDRESS	,				, NAM STRE	ET ADDRESS	oness					
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Ctty-St-ZIP	-					-ST-Z8P						
12. I hereby of indicated of the cor changed,	certify that the on this repor- poration or the or on an atta	e information supplied w t or supplemental report te receiver or trustee em ichment wi lling n address	ith this filing is true and powered to with all oth	does not qualify for accurate and that n execute this report aer like empowered.	the exe ny signa as requi	mption stated in S ture shall have the red by Chapter 60	ection same i 17, Flori	119.07(3)(I), Florida Statut legal effect as if made und da Statutes, and that my r	es. I further cer ler oath; that I ame appears I	tify that the int am an officer on Block 10 or	formation or director Block 11 if	

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