

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006788

Entity Name: GULF DENTAL CENTER, P.A.

FILED  
Jan 05, 2005  
Secretary of State

**Current Principal Place of Business:**

2202 STATE AVE., STE. 206  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**  
2202 STATE AVE., STE. 206  
PANAMA CITY, FL 32405

**New Mailing Address:**

FEI Number: 52-2381313      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRYANT, ROWLETT W  
833 HARRISON AVE.  
PANAMA CITY, FL 32401    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:      D      ( ) Delete  
Name:      ELZAWAHRY, TAMAM D.M.D.  
Address:    2202 STATE AVE., STE. 206  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      DMD      (X) Change ( ) Addition  
Name:      ELZAWAHRY, TAMAM D.M.D.  
Address:    2202 STATE AVE., STE. 206  
City-St-Zip: PANAMA CITY, FL 32405

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMAM ELZAWAHRY

DMD

01/05/2005

Electronic Signature of Signing Officer or Director

Date