

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008473

**FILED**  
**Apr 26, 2004**  
**Secretary of State**

**Entity Name:** HOLLIS DENTAL, INC.

**Current Principal Place of Business:**

621 SW BAYA DRIVE  
SUITE 102  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

755 SW STATE RD 47  
SUITE A  
LAKE CITY, FL 32025 US

**Current Mailing Address:**

RR 6, BOX 437-Y  
LAKE CITY, FL 32025 US

**New Mailing Address:**

640 SE COUNTY RD 252  
APT. 102  
LAKE CITY, FL 32025 US

**FEI Number:** 56-2319762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HOLLIS, BRENDA L DMD  
RR 6, BOX 437-Y  
LAKE CITY, FL 32025 US

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

HOLLIS, BRENDA L DMD  
640 SE COUNTY RD 252  
APT. 102  
LAKE CITY, FL 32025 US

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: BRENDA L. HOLLIS, DMD

04/26/2004

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DR. ( ) Change (X) Addition  
Name: HOLLIS, BRENDA L DMD  
Address: 640 SE COUNTY RD 252, APT. 102  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENDA L. HOLLIS, DMD

DR.

04/26/2004

Electronic Signature of Signing Officer or Director

Date