

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008473

Entity Name: HOLLIS DENTAL, INC.

FILED  
Aug 05, 2005  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

147 SALEM COURT  
TALLAHASSEE, FL 32301 US

## Current Mailing Address:

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

## New Mailing Address:

1910 ALBAN AVENUE  
TALLAHASSEE, FL 32301 US

FEI Number: 56-2319762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HOLLIS, BRENDA L DMD  
1910 ALBAN AVENUE  
TALLAHASSEE, FL 32301 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

08/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: HOLLIS, BRENDA L DMD  
Address: 1910 ALBAN AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

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

DR.

08/05/2005

Electronic Signature of Signing Officer or Director

Date