

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90323 032 \*\*\*150.00

24046069



<b>DOCUMENT # P03000015853</b> 1. Entity Name <b>MARVIN R. DOMONDON, D.M.D., P.A.</b>																											
Principal Place of Business <b>515 EAST ALTAMONTE DRIVE, SUITE 22 ALTAMONTE SPRINGS, FL 32701</b>		Mailing Address <b>515 EAST ALTAMONTE DRIVE, SUITE 22 ALTAMONTE SPRINGS, FL 32701</b>																									
2. Principal Place of Business <b>515 East Altamonte Drive</b> Suite, Apt. #, etc. <b>Suite 1022</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32701</b> Country <b>USA</b>		3. Mailing Address <b>515 East Altamonte Drive</b> Suite, Apt. #, etc. <b>Suite 1022</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32701</b> Country <b>USA</b>																									
4. FEI Number <b>45-0500602</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>HAMRICK, ALEX H. ESQ.</b> <b>315 EAST ROBINSON STREET, SUITE 600</b> <b>ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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: <u><i>M. R. Domondon</i></u> <b>MD</b> <span style="float: right;">4/13/04</span> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DOMONDON, MARVIN R D.M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>515 EAST ALTAMONTE DRIVE, SUITE 22 1022</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALTAMONTE SPRINGS, FL 32701</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	DOMONDON, MARVIN R D.M.D.		STREET ADDRESS	515 EAST ALTAMONTE DRIVE, SUITE 22 1022		CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>M. R. Domondon</i></u> <b>MD</b>		4/13/04 407-339-3373 <small>Date Daytime Phone #</small>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											