

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034759

FILED
Feb 17, 2005
Secretary of State

Entity Name: ST. AUGUSTINE DENTAL CARE, P.A.

Current Principal Place of Business:

P.O. BOX 291385
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291385
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 27-0051920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUONG, CATHLEEN
3602 S. PENINSULA DRIVE
103
PORT ORANGE, FL 32127 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: PSTD () Delete
Name: LUONG, CATHLEEN
Address: 3602 S. PENINSULA DRIVE #103
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CATHLEEN LUONG

PSTD

02/17/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date