


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90777 042 ***150.00

DOCUMENT # P03000037288			
1. Entity Name LEE DENTAL STUDIO, INC.			
Principal Place of Business 820 LARGO CT. APOPKA, FL 32703-5960		Mailing Address 820 LARGO CT. APOPKA, FL 32703-5960	
2. Principal Place of Business 100 Lakeshore Dr.		3. Mailing Address 100 Lakeshore Dr.	
Suite, Apt. #, etc. # 100		Suite, Apt. #, etc. # 100	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL	
Zip 32714	Country	Zip 32714	Country
6. Name and Address of Current Registered Agent CHONG, STEPHEN C. L. 801 N. MAGNOLIA AVENUE SUITE 201 ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00. After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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>Yang S. Lee</i></u>		Date: <u><i>5/30/04</i></u> 407-682-5809	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



04282004 Chg-P CR2E034 (10/03)

4. FEI Number **56-2346864** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required