2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 08:00 AM Secretary of State

DOCUMENT # P03000038813 1. Entity Name FLORIDA MOBILE DENTAL, INC.	Secretary of State
Principal Place of Business Mailing Address 5030 S HWY 17-92 CASSELBERRY, FL 32707 Mailing Address 5030 S HWY 17-92 CASSELBERRY, FL 32707	1
DO NOT WRITE IN THIS SPA	01252005 No Chg-P CR2E034 (10/03) 4. FEI Number
DRAKE, DANIEL H 5030 S HWY 17-92 CASSELBERRY, FL 32707	DO NOT WRITE IN THIS SPACE
the obligations of registered agent. SIGNATURE	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept advantage of the state of Florida. I am familiar with, and accept advantage of the state of Florida. I am familiar with, and accept advantage of the state of Florida. I am familiar with, and accept advantage of the state of Florida. I am familiar with, and accept advantage of the state of Florida. I am familiar with, and accept advantage of the state of Florida. I am familiar with, and accept advantage of the state of Florida. I am familiar with, and accept advantage of the state of Florida. I am familiar with, and accept advantage of the state of Florida. I am familiar with, and accept advantage of the state of Florida. I am familiar with accept advantage of the state of Florida. I am familiar with accept advantage of the state of Florida. I am familiar with accept advantage of the state of Florida. I am familiar with accept advantage of the state of Florida. I am familiar with accept advantage of the state of Florida accept advantage of the state
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 P. Election Campaign Finar Trust Fund Contribution.	ncing \$5.00 May Be
10. OFFICERS AND DIRECTORS TITLE PD NAME DRAKE, DANIEL H STREET ADDRESS 5030 S HWY 17-92 CITY-ST-ZIP CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	02/02/05-80053-004 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemindicated on this report or supplemental report is true and accurate and that my signal of the corporation or the deceiver digrustee ampowered to execute this report as required changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SUGATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT	ture shall have the same legal effect as if made under cath; that I am an officer or director ired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 1-26-65 407 - 831 - 5501

DANIEL H. DRAKE