

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043007

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: SZOTT DENTAL GROUP, P.A.

## Current Principal Place of Business:

5724 HANSEL AVENUE  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

5724 HANSEL AVENUE  
ORLANDO, FL 32809

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

J. JIMENEZ & ASSOCIATES, P.A.  
9753 S. ORANGE BLOSSOM TRAIL  
SUITE 101  
ORLANDO, FL 32837

## Name and Address of New Registered Agent:

SZOTT, PAYL DR.  
5724 HANSEL AVE  
ORLANDO, FL 32809

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: PAUL SZOTT, DMD

07/01/2004

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. ( ) Change (X) Addition  
Name: SZOTT, PAUL  
Address: 5724 HANSEL AVE  
City-St-Zip: ORLANDO, FL 32809

Title: MGR. ( ) Change (X) Addition  
Name: BOYLE, MARIE M  
Address: 5724 HANSEL AVE  
City-St-Zip: ORLANDO, FL 32809

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: PAUL SZOTT

DR.

07/01/2004

Electronic Signature of Signing Officer or Director

Date