

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074897

FILED
Apr 30, 2004
Secretary of State

Entity Name: PRIME CARE DENTAL CENTER OF COCOA, INC.

Current Principal Place of Business:

3525 U.S. HWY. 17
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

3525 U.S. HWY. 17
ORANGE PARK, FL 32003

New Mailing Address:

PO BOX 441064
JACKSONVILLE, FL 32222

FEI Number: 65-1209690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONDURANT, EVERETT H JR.
ONE SAN JOSE PLACE, STE. 17
JACKSONVILLE, FL 32257 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: ALON-ALON, MARY R DDS
Address: 387 PERTSHIRE DR.
City-St-Zip: JACKSONVILLE, FL 32073

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: MARY R. ALON-ALON, DDS

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04/30/2004

Electronic Signature of Signing Officer or Director

Date