2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

03-26-2004 90019 007 ***150.00

MOORE CR2E034 (11/03)

DOCUMENT # P03000079703

1. Entity Name

OTIS E. GIRARDEAU, D.D.S., P.A.

Principal Place of Business	Mailing Address
3505 SOUTHSIDE BLVD, STE 5 JACKSONVILLE FL 32216	3505 SOUTHSIDE BLVD, STE 5 JACKSONVILLE FL 32216

2. Principal Place of Business	3. Mailing Address
3505 Southside Blvd	3505 Southside Blvd
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5
City & State Jacksonville, Fl	City & State Jacksonville, Fl
Zip 32216 Country USA Duval	Zip 32216 Country USA Duval

4. FEI Number 010795735 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIRARDEAU, OTIS E DDS
3505 SOUTHSIDE BLVD, STE 5
JACKSONVILLE FL 32216

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PRESIDENT OTIS GIRARDEAU, DDS 3505 Southside Blvd. #5 JACKSONVILLE, Fl. 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Otis GIRARDEAU, DDS PA OTIS GIRARDEAU, DDS 3505 Southside Blvd #5 JAX. Fl. 32216 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Change ☐ Addition

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: Otis Girardeau DDS Otis GIRARDEAU, DDS 3/22/04 (904) 564-1888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #