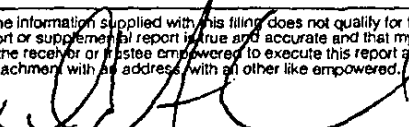
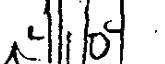


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-09-2004 90037 039 ***150.00

DOCUMENT # P03000093072					
1. Entity Name THE FLORIDA CENTER FOR LASER DENTISTRY, INC.					
Principal Place of Business 12124 COBBLESTONE DRIVE BAYONET POINT, FL 34667			Mailing Address 12124 COBBLESTONE DRIVE BAYONET POINT, FL 34667		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 200185191	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIMMEL, DAVID A 12124 COBBLESTONE DRIVE BAYONET POINT, FL 34667			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	D	☐ Delete	TITLE	D P S T	☒ Change ☐ Addition
NAME	KIMMEL, DAVID A		NAME	KIMMEL, DAVID A	
STREET ADDRESS	12124 COBBLESTONE DRIVE		STREET ADDRESS	12124 COBBLESTONE DR	
CITY-ST-ZIP	BAYONET POINT, FL 34667		CITY-ST-ZIP	BAYONET POINT, FL 34667	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an other like empowered.					
SIGNATURE 			Date  Daytime Phone 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66416290

