

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000128017



1. Entity Name
PARKWAY DENTAL ASSOCIATES INC.

Principal Place of Business
**5595 GOLDEN GATE PARKWAY
NAPLES, FL 34116**

Mailing Address
**5595 GOLDEN GATE PARKWAY
NAPLES, FL 34116**



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0851961

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPERZEL, MATTHEW
5595 GOLDEN GATE PARKWAY
NAPLES, FL 34116**

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 or, if not applicable, (NOTE: Registered Agent signature required when reinstating))

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SPERZEL, MATTHEW**
STREET ADDRESS **5595 GOLDEN GATE PARKWAY**
CITY ST ZIP **NAPLES, FL 34116**

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02/28/05-R0027-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *m. Sperrzel* 1/27/05 President Matthew Sperrzel