


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90044 022 ***150.00

DOCUMENT # P0400000099

1. Entity Name
SAMUEL JOHN SWEENEY, D.M.D., P.A.



Principal Place of Business Mailing Address
10600 S. U.S. HWY 441 **10600 S. U.S. HWY 441**
BELLEVIEW FL 34420 **BELLEVIEW FL 34420**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 10405 SE 42ND Terr

City & State City & State
 Belleview, FL

Zip Country Zip Country
 34420 **USA**

4. FEI Number Applied For
20-0590591 Not Applicable

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

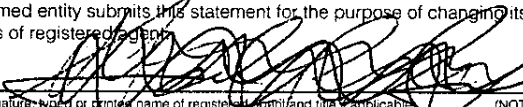


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
GUILFOIL, PAUL J
23 S.E. 12TH TERRACE
OCALA FL 34471

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  *Not Needed * (Mistake)* DATE

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SWEENEY, SAMUEL J 10600 S. U.S. HWY 441 BELLEVIEW FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **3/1/04** **352-245-0759**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #