

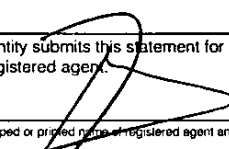
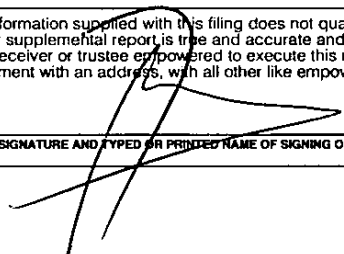


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90082 044 ***150.00

DOCUMENT # P04000019795 1. Entity Name VICTOR R. VERGARA, DMD, P.A.					
Principal Place of Business 5871 GREEN BLVD. NAPLES, FL 34116 US			Mailing Address 5871 GREEN BLVD. NAPLES, FL 34116 US		
2. Principal Place of Business 5034 AIRPORT PULLING RD		3. Mailing Address 5034 AIRPORT PULLING RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04112005 Chg-P CR2E034 (10/03)	
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 20-0654720	
Zip 34105		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERGARA, VICTOR R 5871 GREEN BLVD. NAPLES, FL 34116				7. Name and Address of New Registered Agent Name VERGARA VICTOR R. Street Address (P.O. Box Number is Not Acceptable) 5034 AIRPORT PULLING RD City NAPLES FL Zip Code 34105	
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:  VICTOR R. VERGARA 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P VERGARA, VICTOR R 5871 GREEN BLVD. NAPLES, FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VERGARA, VICTOR R. 5034 AIRPORT PULLING RD NAPLES FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 			4/11/05 (239) 2630912 <small>Date Daytime Phone #</small>		