2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 16, 2005 8:00 am
Secretary of State

02-07-2005 90098 039 ***150.00

DOCUMENT # P04000020502

1. Entity Name
ERICA N. ELANNAN, DDS, PA

Principal Place of Business	Mailing Address
100 ST AUGUSTINE SOUTH DRIVE SUITE B ST AUGUSTINE, FL 32086 US	100 ST AUGUSTINE SOUTH DRIVE SUITE B ST AUGUSTINE, FL 32086 US

66005741

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2510 U.S. 1 South		2510 U.S 1 South	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State St. Augustine Fl		City & State St. Augustine Fl.	
Zip 32086	Country USA.	Zip 32086	Country USA.

4. FEI Number 200664351 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELANNAN, ERICA N
100 ST AUGUSTINE SOUTH DRIVE
SUITE B
ST AUGUSTINE, FL 32086

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, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ELANNAN, ERICA N 100 ST AUGUSTINE SOUTH DRIVE STE B ST AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MUSSALLEM, MADALYN 100 ST AUGUSTINE SOUTH DRIVE STE A ST AUGUSTINE, FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: [signature] 2-1-05 904-797-6154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #