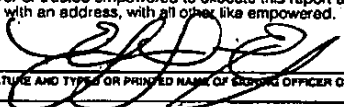


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 100 ST AUGUSTINE SOUTH DRIVE SUITE B ST AUGUSTINE, FL 32086 US		Mailing Address 100 ST AUGUSTINE SOUTH DRIVE SUITE B ST AUGUSTINE, FL 32086 US	
2. Principal Place of Business 2510 U.S. 1 South Suite B St. Augustine FL 32086 USA		3. Mailing Address 2510 U.S. 1 South Suite B St. Augustine FL 32086 USA	
4. FEI Number 200664351		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01252005 Chg-P CR2E034 (10/03)	
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
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
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)(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: 		Date: 2-1-05 Daytime Phone #: 904-797-6154	