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Apr 27, 2005 8:00 am
Secretary of State

04-11-2005 90138 021 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000051182

1. Entity Name
DANA SIMHON, D.M.D., P.A.

660139430

01282005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~2901 SW 41ST ST., #412~~ 1111 NE 25th Ave ~~OCALA, FL 34474~~ Suite 202 OCALA, FL 34470	~~2901 SW 41ST ST., #412~~ 1111 NE 25th Av. ~~OCALA, FL 34474~~ Suite 202 OCALA, FL 34470
2. Principal Place of Business: 1111 NE 25 Avenue	3. Mailing Address: Avenue
Suite, Apt. #, etc.: Suite 202	Suite, Apt. #, etc.: Suite 202
City & State: ~~Gainesville, FL~~ Ocala, FL	City & State: ~~Gainesville, FL~~ OCALA, FL
Zip: 34470 / Country: USA	Zip: 34470 ~~32607~~ / Country: USA

4. FEI Number: 20-0860387 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, SCOT A
13899 BISCAYNE BLVD. #402
NORTH MIAMI BEACH, FL 33181

7. Name and Address of New Registered Agent

Name: Carl Ellsperman
Street Address (P.O. Box Number is Not Acceptable): 1111 N.E. 25th Ave, Ste 202
City: Ocala FL Zip Code: 34470

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]
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	PST SIMHON, DANA 2901 SW 41ST ST. #412 OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President DANA SIMHON 2119 SW 39th ~~Ave~~ Way Gainesville, FL 32607	☒ 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] Dana Simhon 4/5/05 954-275-8819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #