

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000057030

Entity Name: D.D. WHITAKER, D.M.D., P.A.

FILED  
Jul 07, 2005  
Secretary of State

**Current Principal Place of Business:**

307 6 AVE NORTH  
TIERRA VERDE, FL 33715

**New Principal Place of Business:**

6031 DR M.L.K. JR STREET NORTH  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

307 6 AVE NORTH  
TIERRA VERDE, FL 33715

**New Mailing Address:**

6031 DR M.L.K. JR STREET NORTH  
ST. PETERSBURG, FL 33703

FEI Number: 20-0968896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEATON, KAREN S  
KAREN S. KEATON, P.A.  
2816 BEACH BLVD  
ST PETERSBURG, FL 33707 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WHITAKER, DAVID D D.M.D.  
Address: 307 6 AVE NORTH  
City-St-Zip: TIERRA VERDE, FL 33715

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WHITAKER, DAVID D D.M.D.  
Address: 6031 DR. M.L.K. JR STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID D. WHITAKER, DMD

PRES

07/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date