

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072046

FILED
Apr 29, 2005
Secretary of State

Entity Name: SUMMERFIELD FAMILY DENTAL, P.A.

Current Principal Place of Business:

16737 FISHHWAK BLVD
LITHIA, FL 33594

New Principal Place of Business:

11319 BIG BEND ROAD
RIVERVIEW, FL 33569

Current Mailing Address:

16737 FISHHWAK BLVD
LITHIA, FL 33594

New Mailing Address:

16737 FISHHWAK BLVD
LITHIA, FL 33547

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEDY, MICHAEL CPA
305 N PARSONS AVE
BRANDON, FL 33510 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, MARK R DMD
Address: 16737 FISHHWAK BLVD
City-St-Zip: LITHIA, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: JOHNSON, MARC R DMD
Address: 16737 FISHHWAK BLVD
City-St-Zip: LITHIA, FL 33547

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: MARC JOHNSON

DR

04/29/2005

Electronic Signature of Signing Officer or Director

Date