

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 27, 2005 8:00 am
Secretary of State

03-08-2005 90165 046 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000078046			
1. Entity Name MELBOURNE DENTAL ASSOCIATES, P.A.			
Principal Place of Business 240 EAST NEW YORK AVENUE DELAND FL 32724		Mailing Address 240 EAST NEW YORK AVENUE DELAND FL 32724	
2. Principal Place of Business Melbourne Dental Ass PA		3. Mailing Address	
Suite, Apt. #, etc. 2261 Sarno Rd		Suite, Apt. #, etc.	
City & State Melbourne FL		City & State	
Zip 32935	Country	Zip	Country
4. FEI Number 33-1093411		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, CARLOS 240 EAST NEW YORK AVENUE DELAND FL 32724		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 title if applicable		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>Carlos Medina</i>		Date: <i>Feb-14-05</i> Daytime Phone #: <i>3216637270</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			