2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083002

FILED
Jun 03, 2005
Secretary of State

Entity Name: SARAH L. DAY, DDS, P.A.

Current Principal Place of Business:

901 WEKIVA SPRINGS RD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

901 WEKIVA SPRINGS RD
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-1266557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, BRADLEY J ESQ
1031 W MORSE BLVD STE 350
WINTER PARK, FL 32789 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:	DAY, SARAH L DDS
Address:	901 WEKIVA SPRINGS RD
City-St-Zip:	LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DR (X) Change ( ) Addition
Name:	DAY, SARAH L DDS
Address:	901 WEKIVA SPRINGS RD
City-St-Zip:	LONGWOOD, FL 32779

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: SARAH DAY DR 06/03/2005
Electronic Signature of Signing Officer or Director Date