2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2005
Secretary of State

DOCUMENT# P04000114358

Entity Name: PETER A. RUIZ DDS, P.A.

Current Principal Place of Business:

9728 BAY HARBOR CIRCLE #206
FT. MYERS, FL 33919

New Principal Place of Business:

27400 RIVERVIEW CENTER BLVD.
STE. 8
BONITA SPRINGS, FL 34134

Current Mailing Address:

9728 BAY HARBOR CIRCLE #206
FT. MYERS, FL 33919

New Mailing Address:

27400 RIVERVIEW CENTER BLVD.
STE. 8
BONITA SPRINGS, FL 34134

FEI Number: 20-1458689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUIZ, PETER A JR.
9728 BAY HARBOR CIRCLE #206
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

RUIZ, PETER A JR.
27400 RIVERVIEW CENTER BLVD.
STE. 8
BONITA SPRINGS, FL 34134 US

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: PETER RUIZ DDS 03/13/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RUIZ, PETER A JR
Address: 9728 BAY HARBOR CIRCLE #206
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RUIZ, PETER A JR
Address: 27400 RIVERVIEW CENTER BLVD., STE. 8
City-St-Zip: BONITA SPRINGS, FL 34134

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: PETER RUIZ, DDS PRES 03/13/2005
Electronic Signature of Signing Officer or Director Date