


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000023047 1. Entity Name MID-COUNTY DENTAL CENTER, INC. ✓																													
Principal Place of Business 4047 OKEECHOBEE BLVD 219 WEST PALM BEACH FL 33409			Mailing Address 4047 OKEECHOBEE BLVD 219 WEST PALM BEACH FL 33409																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State Zip Country			City & State Zip Country																										
4. FEI Number 65-0406767				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 GUZAUSKAS, ROBERT DDS 422 48TH ST WEST PALM BEACH FL 33407			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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 ✓ After May 1, 2004 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUZAUSKAS, ROBERT DDS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>422 48TH STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WEST PALM BCH FL 33407</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	GUZAUSKAS, ROBERT DDS		STREET ADDRESS	422 48TH STREET		CITY - ST - ZIP	WEST PALM BCH FL 33407		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">U00000018637</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>01/28/04-80144-001 150.00</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	U00000018637	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	01/28/04-80144-001 150.00		CITY - ST - ZIP		
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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)(f), Florida Statutes. I further certify that the information indicated on this report of 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													
<div style="text-align: right;"> 1/26/2004 640-7600 </div>																													