


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000028250  
 1. Entry Name  
 AURELIO, MCGRADY & CAMMARATO, D.D.S., P.A.



Principal Place of Business      Mailing Address  
 3440 CONWAY BLVD.      3440 CONWAY BLVD.  
 SUITE 3B      SUITE 3B  
 PORT CHARLOTTE, FL 33952 US      PORT CHARLOTTE, FL 33952 US



06012004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0404100      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AURELIO, JAMES A  
 3440 CONWAY BLVD.  
 SUITE 3B  
 PORT CHARLOTTE, FL 33952

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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: *James Aurelio*      DATE: 6/3/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	AURELIO, JAMES A
STREET ADDRESS	3440 CONWAY BLVD., UNIT 3B
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	MCGRADY, WILLIAM D
STREET ADDRESS	3440 CONWAY BLVD., UNIT 3B
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	D
NAME	CAMMARTO, III, VINCENT Y
STREET ADDRESS	3440 CONWAY BLVD., UNIT 3B
CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/06/04-80005-009 550.00

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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: *William D. McGrady*      DATE: 6/3/04      DAYTIME PHONE #: 239-936-4727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #