


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000028250
 1. Entity 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**

DO NOT WRITE IN THIS SPACE



06032005 No Chg-P CR2E034 (10/03)

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when rehashing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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

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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U00000369519
 06/13/05-80001-012 550.00

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 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 McGrady* **William McGrady** **6/13/05 239-93-4727**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #