


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90137 037 ***158.75

DOCUMENT # P93000037556	
1. Entity Name FAMILY DENTISTRY OF HERNANDO, INC.	

Principal Place of Business 5080 COMMERCIAL WAY SPRING HILL, FL 34606	Mailing Address 5080 COMMERCIAL WAY SPRING HILL, FL 34606 US
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50065114

2. Principal Place of Business 5080 Commercial Way Suite, Apt. #, etc.	3. Mailing Address 5080 Commercial Way Suite, Apt. #, etc.
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08182005 Chg-P CR2E034 (10/03)

City & State Spring Hill, FL. Zip 34606	Country US	City & State Spring Hill, FL. Zip 34606	Country US
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4. FEI Number 59-3214504	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEBER, BARRY J 4939 CEDARBROOK LN SPRINGHILL, FL 34607	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, BARRY J 5080 COMMERCIAL WAY SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

ATTACHMENT

50065114

8/17/05 CORPORATE DETAIL RECORD SCREEN
NUM: P93000037556 ST:FL ACTIVE/FL PROFIT FLD: 05/24/1993
FBI#: 59-3214504

11:39 AM

NAME : FAMILY DENTISTRY OF HERNANDO, INC.

PRINCIPAL: 5080 COMMERCIAL WAY

CHANGED: 01/31/01

ADDRESS SPRING HILL, FL 34606

MAILING : 5080 COMMERCIAL WAY

CHANGED: 05/08/00

ADDRESS SPRING HILL, FL 34606 US

RA NAME : WEBER, BARRY J

NAME CHG: 02/24/97

RA ADDR : 4939 CEDARBROOK LN

ADDR CHG: 02/24/97

SPRINGHILL, FL 34607 US

ANN REP : (2002) A 02/14/02 (2003) A 04/14/03 (2004) N 02/06/04

1. MENU, 3. OFFICERS

ENTER SELECTION AND CR:



— Family Dentistry of Hernando, Inc. —
BARRY J. WEBER, D.M.D.

August 31, 2005

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, Fla. 32302-1500

Attn: Glenda E. Hood
Secretary of State

We have received the attached letter dated August 17, 2005. We have attached the requested correspondence.

We are at this time requesting the late fee be waived due to not receiving the first notice regarding the 2005 annual report. Should you need to contact me, please call 352-596-7388.

Sincerely,

Barry J. Weber D.M.D.