


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90058 050 ***150.00

DOCUMENT # P93000040677 1. Entity Name GAETA DENTAL HEALTH PROFESSIONALS, P.A.	
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Principal Place of Business 3052 HARBOR BLVD PORT CHARLOTTE, FL 33952	Mailing Address 609 S. TAMIAMI TR VENICE, FL 34285 US
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0415360	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 GAETA, JOSEPH A JR. 609 S TAMIAMI TRL VENICE, FL 34285

**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.

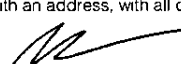
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAETA, JOSEPH 1509 BAYSHORE RD NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAETA, KOLLEEN 1509 BAYSHORE RD NOKOMIS, FL 34275
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IN THIS SPACE**

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 #