


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90010 030 \*\*\*150.00

<b>DOCUMENT # P93000044081</b>		
1. Entity Name <b>ROBERT P. FIELDS, DMD, P.A.</b>		

Principal Place of Business <b>1981 SALT MYRTLE LN. ORANGE PARK, FL 32073</b> US	Mailing Address <b>1975 SALT MYRTLE LANE ORANGE PARK, FL 32073</b> US
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**34003610**

2. Principal Place of Business <b>1981 SALT MYRTLE Lane</b> Suite, Apt. #, etc.	3. Mailing Address <b>1981 SALT MYRTLE Lane</b> Suite, Apt. #, etc.
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01262004 Chg-P CR2E034 (10/03)

City & State <b>ORANGE PARK, FL</b>	City & State <b>ORANGE PARK, FL</b>	4. FEI Number <b>59-3250538</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32003-7064</b> Country <b>USA</b>	Zip <b>32003-7064</b> Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SANTORO, THOMAS C 1700 WELLS ROAD, SUITE 5 ORANGE PARK, FL 32073</b>		7. Name and Address of New Registered Agent Name <b>Robert P. FIELDS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1981 SALT MYRTLE LANE</b> City <b>ORANGE PARK</b> FL Zip Code <b>32003-7064</b>	
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 <i>Robert P. Fields</i>	DATE <b>1/22/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PT FIELDS, ROBERT P DMD, PA 1981 SALT MYRTLE ORANGE PARK, FL 320037064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FIELDS, ROBERT P. 1981 SALT Myrtle Lane ORANGE PARK, FL 32003-7064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FIELDS, JUDY H 1981 SALT MYRTLE LN. ORANGE PARK, FL 320037064 <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
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: <i>Robert P. Fields</i> , <b>ROBERT P. FIELDS</b>	DATE: <b>1/22/04</b> DAYTIME PHONE #: <b>904-269-4715</b>