## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2005 8:00 am Secretary of State

DOCUMENT # P93000084785  1. Entity Name ANTHONY J. FRANKLIN, D.M.D., P.A.					03-15-2005 90032 003 ***158.75				
Principal Plac	e of Business	Mailing Address	!						
6344 103RD STREET JACKSONVILLE, FL 32210  GAMBIELE  GAMB				rewades	ره				
Principal Place of Business									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					in 60)41 isin 64411 isal		TAMBER TE ENTANT
City & State		City & State			4. FEI Number	Chg-P	CR2E034 (1	<del></del>	plied For
Zip Country		Zip Country		nv	59-3218		/00	No	t Applicable
	Joseph	<b></b>			5. Certificate of	f Status Desired		<b>75</b> Addi Required	
	6. Name and Address of Current		7. Name and Address of New Registered Agent						
FRANKLIN, ANTHONY J				Name					
6344 103F JACKSON	ND STREET VILLE, FL 32210 > NW		Street Address (P.O. Box Number is Not Acceptable)						
$\alpha$				City	<del></del>		FL Z	Zip Code	;
8. The above named entity submits this statement for the purgose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
signature United by 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
SIGNATURE.	Signature, typed opprinted varie of positioned agent	and title (applicable. (NOT	TE: Registered	Agent signature required	when reinstating)		DATE		
FILE NOW! SEE IS \$450.00 9. Election Campaign Financing \$5.00 May Re									
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	OO Trust Fund Cont			00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF			
TITLE '	FRANKLIN, ANTHONY J	Delete	TITLE NAME		\	. 11	<b>IZ</b> (	Change	Addition
STREET ADDRESS	6344 103RD STREET	•		ADDRESS 200	8 River	SHE A	renue,	Ste	.102
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-S	ST-ZIP Jay	x, Fh.	32206	<u>'</u>		
TITLE	VP	☐ Delete	TITLE		(d. 5)	, , , , , , , , , , , , , , , , , , ,	<b>I</b>	Hange :	Addition
NAME STREET ADDRESS	FRANKLIN, DEIDRA 6344 103RD STREET	NAME	LADÓRESS ZOC	ob Kive	rside A	Venue.	Sto	2.102	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	>-	2008 Riverside Avenue, Ste. 102  Test-2009  Test-2009						
TITLE		☐ Delete	tilre				)	Change	☐ Addition
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP			CITY-S	T ADDRESS ST-ZIP					
TITLE		Delete	TITLE			<del></del>		Change	Addition
NAME			NAME					ago	
STREET ADDRESS CITY-ST-ZIP			•	ADDRESS					
			CITY-S	SI-ZIP					
TITLE NAME		☐ Delete	TITLE				□ (	Change	☐ Addition
STREET ADDRESS	-			ADDRESS					
CITY-ST-ZIP			CITY-5	ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME Street address			NAME	Faddress					
CITY-ST-ZIP			CITY-S						
12. I hereLy o	certify that the information supplied with	this filing does not qualify for	r the exem	ption stated in Sec	ction 119.07(3)(i).	Florida Statutes	I further certify the	at the inf	formation
of the cor	on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that h owered to execute this report	ny signatu as requ <u>ir</u> e						