

2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P94000005533

DOROTHY A. TIBERII, D.M.D., P.A.



Principal Place of Business

7162 BENEVA ROAD SARASOTA, FL 34238 US Mailing Address

7162 BENEVA ROAD

SARASOTA, FL 34238

FILED Mar 31, 2004 08:00 AM Secretary of State



03042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0493856

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TIBERII, DOROTHY A 7244 BRAMBURY COURT SARASOTA, FL 34238

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plons of registered agent. | surpose of changing its registere | d office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and acc | ept |
|---|--|---|-------------------------------|---------------------------|---|-----|
| SIGNATURE Signature, typed or pointed name of registered agent and title it applicable (NOTE Registered A | | | | required when rematating) | 37AC | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | 000000100179 03/31/04-80036-005 150.00 | l |
| 10, | OFFICERS AND DIREC | TORS _ | | | | |
| HILE NAME STREET ADDRESS CHY-ST-ZIP | D TIBERII, DOROTHY A 7244 BRAMBURY COURT SARASOTA, FL 34238 | | | | | |
| TITLE NAME STREET ADDRESS CITY ST-ZIP | | _, | | | | |
| ITILE NAME STREET ADDRESS CHY-ST-ZIP | | | DO NOT WRITE IN THIS SPACE | | | |
| THE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS | | | | | | |

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:

CITY - ST - ZIP FIFLE NAME STREET ADDRESS CITY-ST-ZIP