2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

					tary or State	
DOCUMENT # P94000016749 1. Entity Name CENTER FOR ADVANCED DENTAL STUDY, INC.				~ I	005 90239 022 ***150.00	
Principal Plac	e of Rusiness	Mailing Address			•	
1		=				
111 2ND AV	E., NE	111 2ND AVE., NE		*		
SUITE 1109	BURG, FL 33701	SUITE 1109 St. Petersburg, FL 33	2701			
31. PETERSE	ound, FL 33701	31. FETERSBURG, FL 33	5701	I INCHES AND	BOSH SOME FINE BIRLINGH BIRLINGH MINER CONTROL IN 1885	
2 Principal II	Place of Business	3. Mailing Address				
z. Principal P	race or business	3. Maining Address			BAJIK BOLBI KIDIO BIKKI IDAHI BIPKO KAMIDAN IN IDAH	
Suite, Apt. #, etc. Suite,		Cuita Ant H ata				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172005 Chg-P	CR2E034 (10/03)	
0.000		01. 1. 01.11		4 551 November 1	Applied For	
City & State		City & State		4. FEI Number	Applied For	
<u> </u>				59-3299890	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desire	d S8.75 Additional	
			1	7 11		
 	6. Name and Address of Curren	Hegistered Agent	Name	7. Name and Address of Ne	w Registered Agent	
BENNETT, STEPHEN A				Dawson, Peter E.		
	CKSON ST.		Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 220				III and Avenue N	E .	
TAMPA, FL 33602				Suite 1100		
17411174	_ 0000_		City	Suite 1109		
				5t.Petersloura	FL 劣。。	
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. + am familiar with, and accept						
	: the obligations of registered agent					
SIGNATURE Vila E Vauson 4/18/05						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
a Floring Countries Countr						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution: 9. Election Campaign Financing \$5.00 May Be Added to Fees						
After May 1, 2005 Fee will be \$550.00						
10.	OFFICERS AND					
<u> </u>	1	DIRECTORS .	11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 11	
1 1111F	D		- T	ADDITIONS/CHANGES TO C		
TITLE		D DIRECTORS . Delete	TITLE	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 11	
NAME	BENNETT, STEPHEN A	🔀 Delete	TITLE NAME	ADDITIONS/CHANGES TO (
NAME STREET ADDRESS	BENNETT, STEPHEN A C/O 401 E. JACKSON ST., SUI	🔀 Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO (
NAME STREET ADDRESS CITY-ST-ZIP	BENNETT, STEPHEN A C/O 401 E. JACKSON ST., SUI TAMPA, FL 33602	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	No. 5	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

727-823-7047

Date

Oaytime Phone #