

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT# P94000017623 1. Entity Name FLORIDADENTALGROUP,P.A.	
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Principal Place of Business 3333 N. HWY 441-US 27 FRUITLAND PARK, FL 34731 US	Mailing Address 3333 N. HWY 441-US 27 FRUITLAND PARK, FL 34731 US
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01202004 NoChg-P CR2E034(10/03)

4. FEINumber 59-3240635	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, LEON 3333 N HWY 441 US 27 FRUITLAND PARK, FL 34731
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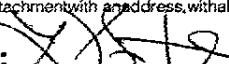
DO NOT WRITE IN THIS SPACE

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, to be familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title, if applicable	(NOTE: Registered Agent's signature required where _____ instating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000029444 02/04/04-80067-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, LEON 3333 N. HWY 441-US 27 FRUITLAND PARK, FL 34731
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. If 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 a man officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; an 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: 1/24/04 Daytime Phone: 352-323-0088