ANNUAL REPORT

DOCUMENT # P94000046318

1. Entity Name

SUNRISE INTRACOASTAL DENTAL CENTER, P.A.



FILED Apr 29, 2004 08:00 AM' Secretary of State

Principal Place of Business

ess

900 N.E. 26TH AVENUE FT. LAUDERDALE, FL 33304 Mailing Address 900 N.E. 26TH AVENUE FT. LAUDERDALE, FL 33304



DO NOT WRITE IN THIS SPACE

04272004 No Chg-P CR2E034 (10/03)

4. FEI Number | Applied For

65-0509660

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAHEY, DANA A 900 N.E. 26TH AVENUE FT. LAUDERDALE, FL 33304

SIGNATURE:

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. I am 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 signature required when reinstating) DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ing	\$5.00 May Be Added to Fees	U00000141400
10.	OFFICERS AND DIREC	CTORS			04/30/04-80010-005 150.00
TITLE	PSTD				
NAME	FAHEY, DANA A				
STREET ADDRESS	900 N.E. 26TH AVENUE				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304				
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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)(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 attactment with an address, with all other like empowered.					

OF SIGNING OFFICER OR DIRECTOR