


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-21-2005 90032 027 ***150.00

DOCUMENT # P94000061387					
1. Entity Name JERRY E. NUTT, D.D.S., DENTAL CONSULTING & MANAGEMENT, INC.					
Principal Place of Business 217 MAIN STREET DESTIN, FL 32541 US			Mailing Address 217 MAIN STREET DESTIN, FL 32541 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3264533	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAIGHEN, PAMELA J 217 MAIN STREET DESTIN, FL 32541			7. Name and Address of New Registered Agent Name <u>Jerry E. Nutt, DDS</u> Street Address (P.O. Box Number is Not Acceptable) <u>217 Main Street</u> City <u>Destin</u> FL Zip Code <u>32541</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME NUTT, JERRY E STREET ADDRESS 632 GULF SHORE DRIVE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 attachment with an address, with all other like empowered.					
SIGNATURE: <u>J. Nutt</u> SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>7-7-05</u> Date		<u>850-8370696</u> Daytime Phone #

50056824



06282005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

ATTACHMENT
HP9400006/387
JERRY E. NUTT, DDS DENTAL CONSULTING &
MANAGEMENT, INC. 50026824

June 28, 2005

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern:


Please accept this letter as a formal request to have the late fee of \$400.00 waived for the filing of the annual report for Jerry E. Nutt, DDS Dental Consulting & Management, Inc.

The office that handles all of the paperwork for Jerry E. Nutt, DDS Dental Consulting & Management, Inc. experienced a turnover earlier in the year. Unfortunately, the notice to file the annual report had been filed in a former employee's desk and only recently recovered once we received the Notice of Intent to Dissolve.

I spoke with Cathy, an examiner, at the Florida Department of State, Division of Corporations on June 28, 2005, and she advised payment of \$150.00. If you find this to be unacceptable, please notify me at your earliest convenience, and the late fee payment of \$400.00 will be made promptly.

Thank you in advance for your consideration in this matter.

Sincerely,


Jennifer Moffatt
Assistant Controller