

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068524

FILED
Feb 22, 2005
Secretary of State

Entity Name: GATOR DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

6605 SE 221 ST
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

% ANTHONY J. SALZMAN/MOODY & SALZMAN, PA
P.O. DRAWER 2759
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 59-3273544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J
500 E UNIVERSITY AVE SUITE A
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GARLITZ, JAY
Address: 22829 SE 63RD PL
City-St-Zip: HAWTHORNE, FL 32640

Title: DVP (X) Delete
Name: GARLITZ, JANINE D
Address: 22829 SE 63RD PL
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JAY GARLITZ

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02/22/2005

Electronic Signature of Signing Officer or Director

Date