2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000040717

1. Entity Name
LOAN T LE, D.M.D., P.A.

Principal Place of Business	Mailing Address
868 BLANDING BLVD. SUITE 128 ORANGE PARK, FL 32065 US	868 BLANDING BLVD. SUITE 128 ORANGE PARK, FL 32065 US

DO NOT WRITE IN THIS SPACE
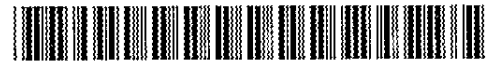
02102004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3309747	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

LE, LOAN THI-KIM
868 BLANDING BLVD.
SUITE 128
ORANGE PARK, FL

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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_____ DATE
Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)

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	U000000100533 04/01/04-80011-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LE, LOAN THI-KIM
STREET ADDRESS	868 BLANDING BLVD., SUITE 128
CITY-ST-ZIP	ORANGE PARK, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   3-31-04   904-276-9402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #