

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000061249

FILED  
May 01, 2004  
Secretary of State

**Entity Name:** CHARLES N. HELMS, D.M.D., P.A.

**Current Principal Place of Business:**

500 N SEMORAN BLVD  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

500 N SEMORAN BLVD  
ORLANDO, FL 32807

**New Mailing Address:**

475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 59-3327343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HELMS, CHARLES N  
12543 MAGNOLIA COVE CT  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

KELLEYGOLDBERG LEACH AND COHN  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

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:** RUSSELL GOLDBERG

05/01/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** HELMS, CHARLES N  
**Address:** 12543 MAGNOLIA COVE CT  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** COP ( ) Delete  
**Name:** CHRISTINE L, TRAN  
**Address:** 12543 MAGNOLIA COVE CT  
**City-St-Zip:** CLERMONT, FL 34711

**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:** CHARLES N HELMS

D

05/01/2004

Electronic Signature of Signing Officer or Director

Date