

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000071558

FILED
Apr 26, 2004
Secretary of State

Entity Name: SCHLOTH FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

10490 BALMORAL CIRCLE EAST
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10490 BALMORAL CIRCLE EAST
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-3336854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRENADIER, COLLINS M LLP
4655 SALISBURY RD
#300
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

HOWARD, JOHN
4348 SOUTHPOINT BLVD.
#320
JACKSONVILLE, FL 32216 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: JOHN HOWARD

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DEPAUL, BERNARD
Address: 11515 MANDARIN COVE LAE
City-St-Zip: JACKSONVILLE, FL 32223

Title: P () Delete
Name: SCHLOTH, PAUL
Address: 4238 STOURHEAD LANE
City-St-Zip: JACKSONVILLE, FL 32225

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: PAUL SCHLOTH D.M.D.

PRES

04/26/2004

Electronic Signature of Signing Officer or Director

Date