


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-21-2005 90032 026 \*\*\*150.00

<b>DOCUMENT # P95000074798</b>	
1. Entity Name <b>TALLAHASSEE DENTAL MANAGEMENT, CORPORATION</b>	

Principal Place of Business <b>625 GULF SHORE DRIVE DESTIN, FL 32541 US</b>	Mailing Address <b>217 MAIN STREET DESTIN, FL 32541 US</b>
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**50056825**



2. Principal Place of Business <b>217 Main Street</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06282005 Chg-P CR2E034 (10/03)

City & State <b>Destin, FL</b>	City & State	4. FEI Number <b>59-3337890</b>	Applied For Not Applicable
Zip <b>32541</b>	Country <b>US</b>	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KAIGHEN, PAMELA J 217 MAIN STREET DESTIN, FL 32541</b>	
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7. Name and Address of New Registered Agent	
Name <b>Jerry E. Nutt, DDS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>217 Main Street</b>	
City <b>Destin</b>	FL Zip Code <b>32541</b>

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D NUTT, JERRY 632 GULF SHORE DRIVE DESTIN, FL 32541</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:  **7-7-05 8508370696**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

# P95 600074798

TALLAHASSEE DENTAL MANAGEMENT, INC.

5052825

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 Tallahassee Dental Management, Inc.

The office that handles all of the paperwork for Tallahassee Dental 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