

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                               |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P96000018002</b><br>1. Entity Name<br><b>DAVID L. MCINTOSH, D.M.D., P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       |                                               |                                                                                |                                                                                                                                                                                                                                                                                                                                            |  |
| Principal Place of Business<br><b>520 SOUTH MAITLAND AVENUE<br/>MAITLAND FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                               | Mailing Address<br><b>200 S ORANGE AVE<br/>SUITE 2300<br/>ORLANDO FL 32801</b> |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | City & State<br><br>Zip      Country          |                                                                                | 4. FEI Number <b>59-3363558</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                               |                                                                                | 6. Name and Address of Current Registered Agent<br><br><b>A.G.C. CO.<br/>200 S ORANGE AVE<br/>SUITE 2300<br/>ORLANDO FL 32801</b>                                                                                                                                                                                                                                                                                           |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                               |                                                                                | 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                               |                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       |                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | P <input type="checkbox"/> Delete<br><b>MCINTOSH, DAVID L DR.<br/>520 SOUTH MAITLAND AVENUE<br/>MAITLAND FL 32751</b> |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000088366<br/>03/15/04-80047-019 150.00</b>                                                                                                                                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                       |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                       |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                       |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                       |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                                                                       |                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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. |                                                                                                                       |                                               |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>SIGNATURE: David L. McIntosh</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |                                               | 3-8-04      407-644-8786<br><small>Date      Daytime Phone #</small>           |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |