## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## **DOCUMENT # P96000047389**

1. Entity Name

TLC DENTAL, INC., SAM ELGEZIRY D.M.D.



## **FILED** Apr 01, 2004 8:00 am Secretary of State 04-01-2004 90031 031 \*\*\*150.00

					600 WE 12						
Principal Place	of Business	<del></del>	Mailing Address	5						-	
3837 SOUTHSIDE BLVD			3837 SOUTHS	3837 SOUTHSIDE BLVD							
#3 JACKSONVI	115 51 222	16	#3								
JACKSONVI	LLC   L 322	.10	JACKSONVIL	WAGNOON VILLE I E SEETO			A REFERENCIA DE PARA SIUN FORD DÉCIA	FOTAL OCCIO ENCIO (O	RAN TIINI LÄIFÄ. LUI		
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Suite, Apt.	#, etc.	· · · · · ·	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)				
							MOONE	ONELOOT	(11/05)		
City & State	<del>)</del>		City & State			4.	FEI Number 59-3387745		Ар	plied For	
				<del> </del>			59-556 <i>114</i> 5			t Applicable	
Zip		Country	Zíp Cour		untry	5.	Certificate of Status Desired		8.75 Add	itional	
	6 Name	and Address of Curre	at Registered Agent		<del></del>		7. Name and Address of New Registered Agent				
Name and Address of Current Registered Agent						Name					
ELGEZIRY, SAMEH A											
3837	7 SOUTH	SIDE BLVD		Street Address			(P.O. Box Number is Not Acceptable)				
STE 5 JACKSONVILLE FL 32216											
JAC	KSONVIL	LE FL 32216		<del>,</del>					T		
					City			FL	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.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00									_		
After May 1, 2004 Fee will be \$550.00							<ol> <li>Election Campaign Fin Trust Fund Contribution</li> </ol>			May Be to Fees	
Make Check	Payable to	Florida Department	of State				Trust i ono Contribution		AUUBU	10 1 663	
10. 🛌		OFFICERS AN	ID DIRECTORS	1	1.	Α	DDITIONS/CHANGES TO OFF	CERS AND	DIRECTORS	SIN 11	
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NAME	· · · · · · · · · · · · · · · · · · ·	, SAMEH A			AME					ļ	
STREET AGORESS CITY-ST-ZIP		THSIDE BLVD #5 VILLE FL 32216			STREET ADDRESS CITY-ST-ZIP						
	JACKSON	VILLE I E 32210				······································	#10 10 #10 10 #10 #10 #10 #10 #10 #10 #1			——————————————————————————————————————	
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TITLE			<u>Г</u>		TITLE				Change	Addition	
NAME			LJ L		NAME				C. Grange		
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP	i				CITY-ST-ZIP						
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:** 

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR