

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054131

**FILED**  
**Apr 20, 2005**  
**Secretary of State**

**Entity Name:** ALTAMONTE DENTAL ASSOCIATES, INC.

**Current Principal Place of Business:**

195 SOUTH WESTMONTE DRIVE SUITE F  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

195 SOUTH WESTMONTE DRIVE SUITE 1112  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

195 SOUTH WESTMONTE DRIVE SUITE F  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

195 SOUTH WESTMONTE DRIVE SUITE 1112  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 59-3387243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVER, FERNANDO L  
195 S WESTMONTE DR #F  
ALTAMONTE SPRINGS, FL 32714 US

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

OLIVER, FERNANDO L  
195 S WESTMONTE DR SUITE 1112  
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:**

04/20/2005

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** PSTD ( ) Delete  
**Name:** OLIVER, FERNANDO DMD  
**Address:** 195 SOUTH WESTMONTE DRIVE SUITE F  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PSTD (X) Change ( ) Addition  
**Name:** OLIVER, FERNANDO DMD  
**Address:** 195 SOUTH WESTMONTE DRIVE SUITE 1112  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

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:** FERNANDO L. OLIVER

PRES

04/20/2005

Electronic Signature of Signing Officer or Director

Date