


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90038 048 ***150.00

DOCUMENT # P96000078123	
1. Entity Name PINE PLAZA DENTAL CARE, INC.	

Principal Place of Business 12435 COLLIER BLVD UNIT 105 NAPLES, FL 34116	Mailing Address 12435 COLLIER BLVD UNIT 105 NAPLES, FL 34116
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DO NOT WRITE IN THIS SPACE

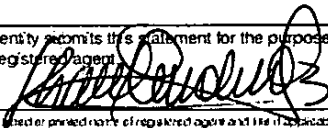


01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3403851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CONDORI, FRANKLIN-DDS 4560 15TH AVENUE SW NAPLES, FL 34116

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IN THIS SPACE**

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 	FRANKLIN CONDORI	01/11/05
<small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDORI, FRANKLIN DDS 4560 15TH AVE SW NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDORI, HAYDEE DDS 4560 15TH AVE SW NAPLES, FL 34116
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 information.

SIGNATURE: 	FRANKLIN CONDORI	01/11/05 (239) 455-0221
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #</small>		