


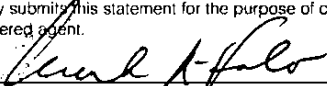
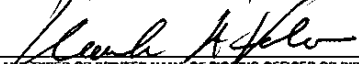
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90293 039 ***150.00

20042411



DOCUMENT # P96000086245			
1. Entity Name MARK A. FALCO, DMD, PA			
Principal Place of Business 2122 S BAY STREET EUSTIS, FL 32726		Mailing Address 2122 S BAY STREET EUSTIS, FL 32726	
2. Principal Place of Business 1471 FOXTAIL CT		3. Mailing Address 1471 FOXTAIL CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE MARY, FL		City & State LAKE MARY, FL	
Zip 32746	Country USA	Zip 32746	Country USA
4. FEI Number 59-3404711		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 FALCO, MARK A 2122 S BAY STREET EUSTIS, FL 32726		7. Name and Address of New Registered Agent Name: Mark A. Falco Street Address (P.O. Box Number is Not Acceptable): 1471 Foxtail Ct. City: Lake Mary FL Zip Code: 32746	
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:  DATE: 4-19-05 <small>Signature, typed or printed name of registered agent and the 4 applicable. (NOTE: Registered Agent signature required when re-registering)</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALCO, MARK A 2122 S BAY STREET EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1471 FOXTAIL CT LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerers.			
SIGNATURE: 		4-19-05 407-415-6409	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	