

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90042 029 \*\*\*150.00

**DOCUMENT # P96000086877**

1. Entity Name

PUTHENPURACKAL A. THOMAS, D.D.S., M.D.S.,  
P.A.



Principal Place of Business

4040 W NEWBERRY RD  
1400  
GAINESVILLE FL 32607

Mailing Address

4040 W NEWBERRY RD  
1400  
GAINESVILLE FL 32607

2. Principal Place of Business

230 NW 76<sup>th</sup> Drive, STE B

3. Mailing Address

230 NW 76<sup>th</sup> Drive

Suite, Apt. #, etc.

STE. B

Suite, Apt. #, etc.

SUITE. B

City & State

GAINESVILLE - FL

City & State

GAINESVILLE. FLORIDA

Zip FLORIDA  
32607

Country

ALACHUA

Zip

32607

Country

ALACHUA

6. Name and Address of Current Registered Agent

THOMAS, GRACY  
4040 W NEWBERRY RD  
#1400  
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

THOMAS, GRACY

Street Address (P.O. Box Number is Not Acceptable)

230 NW 76<sup>th</sup> Drive, STE B

City

GAINESVILLE

FL

Zip Code

32607

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME PUTHENPURACKAL, A T DDS  
STREET ADDRESS 5808 NW 16 LN  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Thomas P. A. DDS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 352-333-0441

Date

Daytime Phone #