


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State


02-16-2005 90027 030 ***150.00

DOCUMENT # P96000086877	
1. Entity Name PUTHENPURACKAL A. THOMAS, D.D.S., M.D.S., P.A.	

Principal Place of Business 230 NW 76TH DRIVE STE B GAINESVILLE FL 32607	Mailing Address 230 NW 76TH DRIVE STE B GAINESVILLE FL 32607
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FLORIDA



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3407979	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, GRACY 230 NW 76TH DRIVE STE B GAINESVILLE FL 32607	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 P x <input type="checkbox"/> Delete	NAME PUTHENPURACKAL, A T DDS x
STREET ADDRESS 5808 NW 16 LN	CITY-ST-ZIP GAINESVILLE FL 32605
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DOCTOR (DR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PUTHENPURACKAL A. THOMAS D.D.S
STREET ADDRESS 5808 NW 16 LN	CITY-ST-ZIP GAINESVILLE FL 32605
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Puthenpurackal A. Thomas* **PUTHENPURACKAL A. THOMAS** 2-14-05 352-333-0441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #