

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000094738

1. Entity Name

GREGORY A. PARKER, D.D.S., P.A.



Principal Place of Business

SOUTH PINE MEDICAL PARK
2835 SE 3RD COURT
OCALA, FL 34471 US

Mailing Address

SOUTH PINE MEDICAL PARK
2835 S E 3RD COURT
OCALA, FL 34471 US



03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3412284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RICE, JOHN S CPA
627 N DONNELLY ST
MOUNT DORA, FL 32757

**DO NOT WRITE
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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000102312
U4/U5/U4-80010-013 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME PARKER, GREGORY A D.D.S.
STREET ADDRESS SOUTH PINE MEDICAL PARK, 2835 SE 3RD CT
CITY-ST-ZIP OCALA, FL 34471

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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 empowered.

SIGNATURE:

Gregory A Parker Gregory A Parker 4-1-2004 (352) 732-3985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #