## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2005 08:00 AM Secretary of State

6. Name and Address of Current Registered Agent  BASCO, MARIE J 12240 SHOAL CREEK LN JACKSONVILLE, FL 32225  8. The above range family-labellis this algument for MEDignose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acception of registered agent, are both, in the State of Florida. I am familiar with, and acception of registered agent.  FILE NOWIII FEE 18 \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  110. OFFICERS AND DIRECTORS  111. JACKSONVILLE, FL 32225  DO NOT WRITE  INTER MAKE STRET ADDRESS CITY-51-2P  TITLE NAME STRET ADDRESS CITY-51-2P  TITLE	1. Entity Nam	MENT # P9600009494 IE J. BASCO FAMILY DENTAL		Secretary of State				
DO NOT WRITE IN THIS SPACE    1202005 No Ong-P CRZED34 (10/03)	2771-21 MC	NUMENT ROAD	2771-21 MONUMENT ROAD			1 (CHI CHIK COKA 1844 KYKI	I BBIJB SKIJI KIKIK SRIJI KIKIS SKEJESS JI SKRI	
BASCO, MARIE J 12640 SHOAL CREEK LN JACKSONVILLE, FL 32225  8. The above named enterphylubmits this estatement for the pulphose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the obligations of the obligations of the state of Florida. I am familiar with, and accept agent	E		CE	01202005 No Chg-P CR2E034 (10/03)  4. FEI Number   Applied For   59-3414164   Not Applicable   5. Certificate of Status Desired   \$8.75 Additional				
The bodigations of registard agent.    Signature   Signature   Signature required agent of the registance for the signature required when releasing to the signature required relations to the record of supplied with this filling does not quelify for the exemption stated in Section 119,07(3)(i), Fiorida Satutaes. I further certify that the information, and official of this report of supplied with this filling does not quelify for the exemption stated in Section 119,07(3)(i), Fiorida Satutaes. I further certify that the information indicated on this report of supplied with this filling does not quelify for the exemption stated in Section 119,07(3)(i), Fiorida Satutaes. I further certify that the information indicated on this report of supplied with the report of supplied with the same legal effect as it made under certify that the information indicated on this report of supplied with the same legal effect as it made under certify that the information indicated on this report of supplied with the same legal effect as it made under certify that the information indicated on this report of supplied with the same legal effect as it made under certify that the information indicated on the report of supplied with the same legal effect as it made under certify that the information indicated on the report of supplied with the same legal ef	12640 SH	MARIE J DAL CREEK LN						
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Added to Fees  10.  OFFICERS AND DIRECTORS  TITLE  DP  BASCO, MARIE J  STREET ADDRESS  CITY-ST-ZP  JACKSONVILLE, FL 32225  DO NOT WRITE  INT E  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP	SIGNATURE O NAGUE ASS							
TITLE MANE STREET ADDRESS CITY-ST-ZP TITLE MANE	After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.							
TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-S	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP BASCO, MARIE J 12640 SHOAL CREEK LN	CTORS			U000001 01/26/05-8	96840 0083-018 150.00	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 supplier on the lam an officer or director.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				_	_		
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 supplier or its true and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director.	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			}				
of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with an other like empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby of indicated	certify that the information supplied with this to on this report or supplied report is true	filing does not qualify for the exe and accurate and that my signa of the execute	mption stated in So ture shall have the	ection 119.07(3) same legal effer	(i), Florida Statutes. I tas if made under o	further certify that the information ath, that I am an officer or director.	