2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

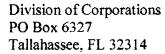
SIGNATURE:

Aug 01, 2005 8:00 am Secretary of State DOCUMENT # P96000104333 1. Entity Name 08-01-2005 90024 009 ***150.00 JOSEPH M. BARTON, D.M.D., P.A. Principal Place of Business Mailing Address 8850 GOODBY'S EXECUTIVE DR 8850 GOODBY'S EXECUTIVE DR SUITE B SUITE B JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 3. Mailing Address 2. Principal Place of Business 4152 Boumer Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 59-3416687 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARTON, JOSEPH M 8850 GOODBY'S EXECUTIVE DR SUITE B JACKSONVILLE FL 32217 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. - Change TITLE ☐ Addition TITLE ☐ Delete Barton, Joseph M BARTON, JOSEPH M NAME NAME 4152 Baymedowl Road 8850 GOODBY'S EXECUTIVE DR STE B STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32217 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAMĖ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE . 🔲 Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

ATTACHMENT

July 27, 2005



Dear Division of Corporations:

On March 17, 2005, our office sent our 2005 For Profit Corporation Annual Report along with check #4322 in the amount of \$150.00. On July 11th we received a notice of intent to dissolve stating our report had never been received. I emailed you and was informed our report nor check was never shown as received. We have checked with our bank and the check has not cleared. Enclosed is a copy of the report and another check for \$150.00. We hope no late charges will be assessed since we were not aware you never received our original payment.

Please call if any problems.

Rhonda Gonzales For Dr. Joseph Barton

Thank you,



904.733.9144 Tel 904.739.2304 Fax

4152 Baymeadows Road

Jacksonville Florida 32217