


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000005514</b> 1. Entity Name A HEALTH PARK DENTAL GROUP, INC.	
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Principal Place of Business 11121 HEALTH PARK BLVD. NAPLES, FL 34110	Mailing Address 11121 HEALTH PARK BLVD. 200 NAPLES, FL 34110
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**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3421994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RANDOLPH, JOHN S 11121 HEALTH PARK BLVD. NAPLES, FL 34110
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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
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RANDOLPH, JOHN S
STREET ADDRESS	11121 HEALTH PARK BLVD.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/02/05-80035-020 158.75  
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IN THIS SPACE**

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 life empowered.

<b>SIGNATURE:</b> <i>John S Randolph</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>On John S Randolph Pres</i> Date	<i>3/28/05</i> Daytime Phone #
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