

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028519

FILED
Aug 01, 2005
Secretary of State

Entity Name: MARK A. BARBER, D.D.S., P.A.

Current Principal Place of Business:

3217 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1161 PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

New Mailing Address:

3217 PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34953

FEI Number: 65-0758623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSON, SAUL
1515 UNIVERSITY
SUITE 222
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARBER, MARK A
Address: 3217 PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: DST () Delete
Name: BARBER, JUDY A
Address: 3217 PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. BARBER

DP

08/01/2005

Electronic Signature of Signing Officer or Director

_____ Date