


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000051228
 1. Entity Name
 RICHARD C. SWANSON, D.M.D., P.A.



Principal Place of Business: 1815 S US HWY 19, CRYSTAL RIVER, FL 34429
 Mailing Address: P.O. BOX 68, CRYSTAL RIVER, FL 34423 US

DO NOT WRITE IN THIS SPACE



04072004 No Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0760994 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CRIDER, JOHN
 521 W FT ISLAND TRAIL
 CRYSTAL RIVER, FL 34429

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
 U00000121582
 04/20/04-80060-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWANSON, RICHARD M D.M.D.
STREET ADDRESS	1815 S US HWY 19
CITY - ST - ZIP	CRYSTAL RIVER, FL 34429
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *[Signature]* 4/7/04 352-795-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #