2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

ANNUAL REPORT					; , o	27, 2005 00:00
1. Entity Nam	MENT # P970000677 SUNDEEN, D.D.S., P.A.	20			5	ecretary of Sta
1810 S TUTTLE AVE 2		Mailing Address 2660 MOSS OAK DRIVE SARASOTA, FL 34231				;
DO NOT WRITE IN THIS SPACE 5. Name and Address of Current Registered Agent				04202005 No Chg-P CR2E034 (10/03) 4. FE! Number		
2660 MOS SARASOT	N, DAVID C SS OAK DRIVE FA, FL 34231		DO NOT WRITE 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 spoicable (NOTE Registered Agent signature required when reinstating) DATE UD0000335415						
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees	04/2̃7/0̃5–1	80083-010 150.00
10. DITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	— OFFICERS AND DI PD SUNDEEN, DAVID C 2660 MOSS OAK DRIVE SARASOTA, FL 34231	RECTORS		Section of the sectio		
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12. I hereby indicated of the column changed	certify that the information supplied with th I on this report or supplemental report is for reporation or the receiver or trustee empower, or on an attachment with an address, with	s filing does not qualify for the exe se and accurate and that my signal area to execute this report as requ i sil other like empowered.	imption stated in Se ture shall have the fred by Chapter 607	ection 119.07(3)(i), same legal effect a 7. Florida Statutes;	Florida Statutes. I as if made under o and that my name	further certify that the information ath, that I am an officer or director appears in Block 10 or Block 11 if

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR