

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000068421

1. Entity Name
AMERICAN DENTURE CLINIC OF PALATKA, INC.



FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90323 050 ***150.00

Principal Place of Business

1721 ST JOHNS AVE
PALATKA, FL 32177

Mailing Address

P.O. BOX 2127
PALATKA, FL 32178

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1721 ST JOHNS AV

Suite, Apt. #, etc.

City & State

CITY & STATE
PALATKA, FL

Zip

Country

Zip

32177

Country

03302004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3444008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, RACHEL D
208 N SIXTH ST
PALATKA, FL 32177

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HESBEENS, WALTER A
STREET ADDRESS 5 ELLIS PLACE
CITY-ST-ZIP PALM COAST, FL 32164

TITLE D ☒ Delete
NAME ~~COBB, LINDA M~~
STREET ADDRESS ~~2102 ALICE ST~~
CITY-ST-ZIP ~~PALATKA FL 32177~~

TITLE D ☐ Delete
NAME BYATT, CLEMENS, D.D.S.
STREET ADDRESS 3041 MAC RD.
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/04