## \*2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2005 08:00 AM Secretary of State

	ANNUAL	REPORT					7 00.00 F
DOCUMENT # P97000078700  1. Entity Name EVA M. DELATTRE, D.D.S., P.A.				,	Sec	cretary	y of State
Principal Place 900 E OCEA SUITE 248 STUART, FL		Mailing Address 900 E OCEAN BLVD SUITE 248 STUART, FL 34994 US					TU THU NYONO GUT
	OO NOT WRITE	01132005 No Chg-P CR2E034 (10/03)  4. FEI Number					
SOPKO, JAMES 853 S.E. MONTEREY COMMONS BLVD. STUART, FL 34996			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the tions of registered agent.  Signalure, typed or printed name of registered agent and	- <u> </u>	ed office or register d Agent signature required		th, in the State of Flo	rida. I am fami	liar with, and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			ncing \$5.	00 May Be ed to Fees			
10.	OFFICERS AND DII	RECTORS	7	<del></del>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DELATTRE, EVA M D.D.S. 900 E OCEAN BLVD SUITE 248 STUART, FL 34994			· · · · · · · · · · · · · · · · · · ·	100000 11721705-4	186624 20065-00	2 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE	
TITLE NAME CIDERT ADDRESS	_						

12. I hereby certify that the information supplied with this filling 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: X

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

× /-/1/05

Daytime Phone #