

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084858

FILED
Apr 08, 2004
Secretary of State

Entity Name: BROWN & PAIGE, M.D.S, P.A.

Current Principal Place of Business:

6015 POINTE WEST BLVD
#100
BRADENTON, FL 34209 US

New Principal Place of Business:

809 36TH AVE PL NW
HICKORY, NC 28601 US

Current Mailing Address:

6015 POINTE WEST BLVD
#100
BRADENTON, FL 34209 US

New Mailing Address:

809 36TH AVE PL NW
HICKORY, NC 28601 US

FEI Number: 65-0788650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STATHIS, STAM W CPA
1301 6TH AVE WEST SUITE 600
BRADENTON, FL 34205 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, MICHELLE
Address: 809 36TH AVE PL NW
City-St-Zip: HICKORY, NC 28601

Title: ST () Delete
Name: PALGE, GLENN
Address: 809 36TH AVE PL
City-St-Zip: HICKORY, NC 28601

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: MICHELLE BROWN

P

04/08/2004

Electronic Signature of Signing Officer or Director

Date