

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90381 047 ***150.00

DOCUMENT # P97000095300

1. Entity Name
JEFFREY MONTELIONE, DDS, PA



Principal Place of Business
**4536 W. VILLAGE DRIVE
TAMPA, FL 33624**

Mailing Address
**3355 BEARSS AVE
TAMPA, FL 33618**

DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 59-3475779 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**SANDERS, WALTER
3355 BEARSS AVE
TAMPA, FL 33618**

**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 Walter Sanders Walter Sanders 4/10/04
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 NAME STREET ADDRESS CITY-ST-ZIP | DPTS MONTELIONE, JEFFREY 4536 W. VILLAGE DRIVE TAMPA, FL 33624 |
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IN THIS SPACE**

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: Jeffrey Montelione, DDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

4/27/04 813-961-2200
Date Daytime Phone #

JEFFREY, MONTELIONE, DDS