



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000001160	
1. Entity Name MICHAEL A. PODLUSKY, D.D.S., P.A.	
Principal Place of Business 10333 SEMINOLE BLVD, NO. 9 SEMINOLE, FL 33778	Mailing Address 10333 SEMINOLE BLVD, NO. 9 SEMINOLE, FL 33778
	
	
01062005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3493326	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ C/O PATEL, MOORE & O'CONNOR, P.A. 2240 BELLEAIR RD, STE 160 CLEARWATER, FL 33764
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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's signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PODLUSKY, MICHAEL A 10333 SEMINOLE BLVD, NO. 9 SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PODLUSKY, MICHELLE P 9275 123RD AVE N LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/05-80032-019 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael A. Podluský Michael A. Podluský president Jan 20-05 729-393 8912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of the Month, Y