## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000021474

City-St-Zip: LABELLE, FL 33935

Entity Name: SHERI L. WATKINS, D.M.D., P.A

FILED Mar 08, 2004 Secretary of State

Entity Na	ame: SHERIL	. WATKINS, D.M.D., P.A.			
Current F	Principal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	THOMPSON S , FL 33935	ST.			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX LABELLE	(1290 :, FL 33975				
FEI Numbe	r: 65-0820768	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of (	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
201 E. GO	DONALD A OVERNMENT S OLA, FL 32501				
	e named entity te of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATU	JRE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	ampaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	D ( WATKINS, SHI		Title: Name: Address:	( ) Change ( ) Addition	

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: SHERI L. WATKINS PRES 03/08/2004