2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P98000051273

Entity Name: BONITA ESTERO DRNTAL GROUP, P.A.

Current Principal Place of Business:

24940 S. TAMIAMI TRAIL
BONITA SPRINGS, FL 34134

New Principal Place of Business:

24940 S. TAMIAMI TRAIL
SUITE 202
BONITA SPRINGS, FL 34134

Current Mailing Address:

24940 S. TAMIAMI TRAIL
BONITA SPRINGS, FL 34134

New Mailing Address:

24940 S. TAMIAMI TRAIL
SUITE 202
BONITA SPRINGS, FL 34134

FEI Number: 59-3520733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELGADO-FEENEY, CLAUDIE I D.M.D.
24940 S. TAMIAMI TRAIL
STE 202
BONITA SPRINGS, FL 34134

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: D ( ) Delete
Name: DELGADO-FEENEY, CLAUDIE I D.M.D.
Address: 25051 BALLY CASTLE COURT, UNIT 202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: FEENEY, OWEN D.M.D.
Address: 25051 BALLY CASTLE COURT, UNIT 202
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: DELGADO-FEENEY, CLAUDIE I D.M.D.
Address: 24940 S. TAMIAMI TRAIL SUITE 202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DR. (X) Change ( ) Addition
Name: FEENEY, OWEN D.M.D.
Address: 24940 S. TAMIAMI TRAIL SUITE 202
City-St-Zip: BONITA SPRINGS, FL 34134

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: CLAUDIE I. DELGADO, DMD DR. 01/06/2004
Electronic Signature of Signing Officer or Director Date