

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000053529	
1. Entity Name MCLEOD DENTAL, P.A.	

Principal Place of Business 6029 NORTH 9TH AVENUE PENSACOLA, FL 32504	Mailing Address 6029 NORTH 9TH AVENUE PENSACOLA, FL 32504
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3515763	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent MCLEOD, DONALD S D.D.S. 6029 NORTH 9TH AVENUE PENSACOLA, FL 32504
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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 the registered agent.	
SIGNATURE: <i>Donald S McLeod</i>	DATE: 7/27/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D MCLEOD, DONALD S D.D.S. 6029 NORTH 9TH AVENUE PENSACOLA, FL 32504
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <i>Donald S McLeod</i>	DATE: 7/27/05