2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058296

Entity Name: JOHN M. BINDEMAN, D.D.S., P.A.

FILED Jan 04, 2005 Secretary of State

,		2.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1					
Current Principal Place of Business:				New Principal Place of Business:			
1530 N. MCMULLEN BOOTH RD.,UNIT D/5 CLEARWATER, FL 337592542 US				1530 N. MCMULLEN BOOTH RD UNIT D/5 CLEARWATER, FL 337592542 US			
Current Mailing Address:				New Mailing Address:			
1530 N. MCMULLEN BOOTH RD.,UNIT D/5 CLEARWATER, FL 337592542 US				1530 N. MCMULLEN BOOTH RD UNIT D/5 CLEARWATER, FL 337592542 US			
FEI Number: 59-3524955 FEI Number Applied For ()			FEI Nur	mber Not Appl	licable ()	Certificate of Status D	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BINDEMAN, JOHN M DDS 1530 N. MCMULLEN BOOTH RD.,UNIT D/5 CLEARWATER, FL 337592542 US				BINDEMAN, JOHN M DDS 1530 N. MCMULLEN BOOTH RD UNIT D/5 CLEARWATER, FL 337592542 US			
	named entity e of Florida.	submits this statement for the	purpose o	of changing i	ts registered	office or registered ag	ent, or both,
SIGNATURE:				01/04/2005			
	Electro	nic Signature of Registered Ag	jent			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BINDEMAN, JO 1530 N. MCMU) Delete DHN M D.D.S. ILLEN BOOTH RD.,UNIT D/5 r, FL 337592542 US		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	HE, HONGJIA 1206 SAN DO		

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: JOHN M. BINDEMAN, DDS D 01/04/2005