


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000079970
 1. Entity Name
EAST LAKE DENTAL ASSOCIATES, INC.



Principal Place of Business 4852 RIDGEMOOR BLVD PALM HARBOR, FL 34685	Mailing Address 4852 RIDGEMOOR BLVD PALM HARBOR, FL 34685
---	---

DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3555761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HORN, HEIDI C S
 4852 RIDGEMOOR BLVD
 PALM HARBOR, FL 34685

DO NOT WRITE 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 registered agent.

SIGNATURE: *Heidi C.S. Horn, DDS* (NOTE: Registered Agent signature required when reinstating)
 DATE: *27 Apr 2004*

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UN0000157736
 05/06/04-80040-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, HEIDI C S 4852 RIDGEMOOR BLVD PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Heidi C.S. Horn, DDS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: *27 Apr 2004*
 Daytime Phone #: *(727) 787-6453*