

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90229 045 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                          |                                                                                                                               |                                                                                                                                                                                                                                         |  |
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| <b>DOCUMENT # P98000101343</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                          |                                                                                                                               |                                                                                                                                                                                                                                         |  |
| <b>1. Entity Name</b><br>MIDTOWN DENTAL CENTER OF PENSACOLA, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                          |                                                                                                                               |                                                                                                                                                                                                                                         |  |
| <b>Principal Place of Business</b><br>6202 N. 9TH AVE., SUITE 6<br>PENSACOLA, FL 32504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                          | <b>Mailing Address</b><br>6202 N. 9TH AVE., SUITE 6<br>PENSACOLA, FL 32504                                                    |                                                                                                                                                                                                                                         |  |
| <b>2. Principal Place of Business</b><br>1108-B Airport Blvd.<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   | <b>3. Mailing Address</b><br>1108-B Airport Blvd.<br>Suite, Apt. #, etc. |                                                                                                                               |                                                                                                                                                                                                                                         |  |
| <b>City &amp; State</b><br>Pensacola, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   | <b>City &amp; State</b><br>Pensacola, FL                                 |                                                                                                                               | <b>4. FEI Number</b><br>52-2133878                                                                                                                                                                                                      |  |
| <b>Zip</b><br>32504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | <b>Country</b><br>USA                                                    |                                                                                                                               | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>FILIPCZAK, DONNIE<br>6202 N. 9TH AVE., SUITE 6<br>PENSACOLA, FL 32504                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                          |                                                                                                                               | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>DONNIE FILIPCZAK</u><br>Street Address (P.O. Box Number is Not Acceptable):<br><u>5904 MOORS OAKS DR.</u><br>City: <u>MILTON</u> State: <u>FL</u> Zip Code: <u>32583</u> |  |
| <b>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.</b><br>SIGNATURE: <u>[Signature]</u> DATE: <u>4.19.2004</u><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                 |                                                                   |                                                                          |                                                                                                                               |                                                                                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                          | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                          | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                  |                                                                                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>FILIPCZAK, DONNIE<br>4580 BAYWOOD DR.<br>PENSACOLA, FL 32504 |                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                   |                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                   |                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                   |                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                   |                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                   |                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                       |  |
| <b>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.</b> |                                                                   |                                                                          |                                                                                                                               |                                                                                                                                                                                                                                         |  |
| <b>SIGNATURE:</b> <u>[Signature]</u> <u>DONNIE FILIPCZAK</u> <u>4.19.04</u> <u>(850) 474-0300</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                                          |                                                                                                                               |                                                                                                                                                                                                                                         |  |