

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000101343

1. Entity Name
MIDTOWN DENTAL CENTER OF PENSACOLA, P.A.



Principal Place of Business
6202 N. 9TH AVE., SUITE 6
PENSACOLA, FL 32504

Mailing Address
6202 N. 9TH AVE., SUITE 6
PENSACOLA, FL 32504

2. Principal Place of Business

1108-B Airport Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1108-B Airport Blvd

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32504

Country

USA

Zip

32504

Country

USA

4. FEI Number

52-2133878

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILIPCZAK, DONNIE
6202 N. 9TH AVE., SUITE 6
PENSACOLA, FL 32504

Name

DONNIE FILIPCZAK

Street Address (P.O. Box Number is Not Acceptable)

5904 MOORS OAKS DR,

City

MILTON

FL

Zip Code

32583

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

Donna FilIPCZAK
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.19.2004

**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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FILIPCZAK, DONNIE
4580 BAYWOOD DR.
PENSACOLA, FL 32504

Delete

TITLE

Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Donna FilIPCZAK
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

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

04-23-2004 90229 045 ***150.00