



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90031 046 \*\*\*150.00

<b>DOCUMENT # P99000000948</b> 1. Entity Name <b>PAUL H. JAWORSKI, D.D.S., P.A.</b>																																															
Principal Place of Business: <b>3990 CLARK ROAD SARASOTA, FL 34233</b>			Mailing Address: <b>3990 CLARK ROAD SARASOTA, FL 34233</b>																																												
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip		Country		Zip																																											
Country		Country		01182005    Chg-P    CR2E034 (10/03)																																											
4. FEI Number <b>65-0889378</b>				Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																											
6. Name and Address of Current Registered Agent  <b>LAMBRECHT, WILLIAM G 200 S. ORANGE AVENUE SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																											
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.				FL    Zip Code																																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%; padding: 5px;"> <b>P/H/J JAWORSKI, PAUL H 3990 CLARK ROAD SARASOTA, FL</b> </td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%; padding: 5px;"></td> <td style="width: 20%; padding: 5px;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/H/J JAWORSKI, PAUL H 3990 CLARK ROAD SARASOTA, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 recorder 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>SIGNATURE:</b> 																																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #																																															

**JAN 21 2005**