


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90062 006 ***150.00

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|---|--|--|--|---|--|
| DOCUMENT # P99000029425 1. Entity Name SUSAN D. LAMAR, D.M.D., M.S., P.A. | | | |  | |
| Principal Place of Business 1531 SOUTH TAMIAMI TRAIL SUITE 701 VENICE, FL 34292 US | | | Mailing Address 1531 SOUTH TAMIAMI TRAIL SUITE 701 VENICE, FL 34292 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 03142004 Chg-P CR2E034 (10/03) | | 4. FEI Number 65-0914179 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name SUSAN D. LAMAR, D.M.D. Street Address (P.O. Box Number is Not Acceptable) 1531 TAMIAMI TRAIL S. SUITE 701 City VENICE FL Zip Code 34285 | | |
| 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 <u>Susan D. Lamar, D.M.D.</u> SUSAN D. LAMAR, D.M.D. 3-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD LAMAR, SUSAN D 1531 SOUTH TAMIAMI TRAIL VENICE, FL 34292 <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 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: <u>Susan D. Lamar, DMD.</u> 3-30-04 (941) 497-5591 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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