## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 01, 2005 08:00 AM Secretary of State

|   | ANNOAL   | REPURI   |  |                          | p. 0.1,                  | 2000 00100 1                   |  |
|---|--|--|--|--------------------------|--------------------------|--------------------------------|--|
| DOCUMENT # P99000030377  1. Entity Name TODD E. CHRISTIE D.M.D., P.A. |  |  |  | Secretary of State       |                          |                                |  |
| 195 ALAMEI  | ce of Business<br>DA DRIVE<br>AND, FL 32952                            | Mailing Address<br>195 ALAMEDA DRIVE<br>MERRITT ISLAND, FL 32952 |  |                          |                          |                                |  |
| <b>_</b>  | OO NOT WRITE   | CE   | 03292005 No Chg-P CR2E034 (10/03)  4. FEI Number |                          |                          |                                |  |
|   | 6. Name and Address of Current R                                       | egistered Agent  |  |                          |                          | <u></u>                        |  |
| CHRISTIE, TODD E<br>195 ALAMEDA DRIVE<br>MERRITT ISLAND, FL 32952     |  |  | DO NOT WRITE<br>IN THIS SPACE                    |                          |                          |                                |  |
|   | named entity submits this statement for tions of registered agent.     | he purpose of changing its register                              | ed office or register                            | red agent, or both, in   | the State of Florida.    | I am familiar with, and accept |  |
| SIGNATURE_  | Signature, typed or printed name of registered agent an                | d title if applicable. (NOTE, Registere                          | od Agent signature required                      | s when reinstalling)     |                          | DATE                           |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00            |  |  | .00 May Be<br>ed to Fees |                          |                                |  |
| 10.   | OFFICERS AND D   | IRECTORS   | - <del> </del>                                   |                          | <del></del>              |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 | P<br>CHRISTIE, TODD E<br>195 ALAMEDA DRIVE<br>MERRITT ISLAND, FL 32952 |  | Si.  |                          |                          |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |  |  | 0                        | U00000282<br>4/01/05-800 | 992<br>08-018 150.00           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |  | DO N                     | OT WRI                   | TE.                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |  | IN TH                    | IIS SPA                  | CE                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  | على رود معنى عب  |  |                          |                          |                                |  |
| TITLE NAME STREET ADDRESS CITY ST-71P                                 |  |  |  |                          |                          |                                |  |

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 leport 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: