

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043412

FILED
Apr 29, 2004
Secretary of State

Entity Name: PINELLAS/PASCO ORAL & MAXILLOFACIAL SURGERY ASSOCIATES, INC.

Current Principal Place of Business:

30522 U.S. HWY 19 NORTH STE. 220
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

30522 U.S. HWY 19 NORTH STE. 220
PALM HARBOR, FL 34684

New Mailing Address:

3411 FORELOCK ROAD
TARPON SPRINGS, FL 34688

FEI Number: 59-3573065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWLIN, WALTER Q JR.
3411 FORELOCK RD
PALM HARBOR, FL 34684

Name and Address of New Registered Agent:

BOWLIN, WALTER Q JR.
3411 FORELOCK RD
TARPON SPRINGS, FL 34688

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.

SIGNATURE:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOWLIN, WALTER Q JR.
Address: 1522 LAGO VISTA BLVD.
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOWLIN, WALTER Q JR.
Address: 3411 FORELOCK ROAD
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER Q. BOWLIN JR.

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date