2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052775

Entity Name: FRANK HERNANDEZ, D.M.D., P.A.

FILED Feb 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10125 W COLONIAL DRIVE 10125 W COLONIAL DRIVE 208

SUITE 208

OCOEE, FL 34761

Current Mailing Address: New Mailing Address:

10125 W COLONIAL DRIVE SUITE 208 OCOEE, FL 34761

OCOEE, FL 34761

FEI Number: 59-3584225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERNANDEZ, FRANK P HERNANDEZ, FRANK P DMD 10125 W COLONIAL DR 10125 W COLONIAL DR STE 208 SUITE 208 OCOEE, FL 34761 OCOEE, FL 34761

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: FRANK HERNANDEZ, DMD 02/23/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition DPST () Delete Title: HERNANDEZ, FRANK P HERNANDEZ, FRANK P DMD Name: Name: 10125 W COLONIAL DR STE 208 10125 W COLONIAL DR STE 208 Address: Address:

City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

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: FRANK HERNANDEZ, DMD **DPST** 02/23/2004