

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059811

FILED
Apr 30, 2004
Secretary of State

Entity Name: DAWN LOZANO MARTIN, D.M.D., P.A.

Current Principal Place of Business:

1204 NW 69 TERRACE
SUITE F
GAINESVILLE, FL 32606

New Principal Place of Business:

7575 W. UNIVERSITY AVE
SUITE E
GAINESVILLE, FL 32607

Current Mailing Address:

1204 NW 69 TERRACE
SUITE F
GAINESVILLE, FL 32606

New Mailing Address:

7575 W. UNIVERSITY AVE
SUITE E
GAINESVILLE, FL 32607

FEI Number: 59-3590626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, DAWN L D.M.D.
1204 NW 69 TERRACE
SUITE F
GAINESVILLE, FL 32605

Name and Address of New Registered Agent:

MARTIN, DAWN L D.M.D.
7575 W. UNIVERSITY AVE
SUITE E
GAINESVILLE, FL 32607

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:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARTIN, DAWN L D.M.D.
Address: 1204 NW 69 TERRACE SUITE F
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MARTIN, DAWN L D.M.D.
Address: 7575 W. UNIVERSITY AVE, STE E
City-St-Zip: GAINESVILLE, FL 32607

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: DAWN L. MARTIN, DMD

DR

04/30/2004

Electronic Signature of Signing Officer or Director

Date