2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084572

Entity Name: JILL HAGAN, DMD, P.A.

FILED Feb 23, 2005 Secretary of State

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

3023 EASTLAND BLVD. SUITE 112 CLEARWATER, FL 33761

Current Mailing Address: New Mailing Address:

3023 EASTLAND BLVD. SUITE 112 CLEARWATER, FL 33761

FEI Number: 59-3599620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HAGAN, JILL DMD
3023 EASTLAND BLVD.
SUITE 112
CLEARWATER, FL 33761 US
HAGAN, JILL DMD
3023 EASTLAND BLVD.
SUITE 112
CLEARWATER, FL 33761 US
CLEARWATER, FL 33761 US

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: JILL HAGAN DMD 02/23/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PRES (X) Change () Addition

Name: HAGAN, JILL DMD

 Address:
 3023 EASTLAND BLVD., SUITE 112
 Address:
 3023 EASTLAND BLVD., SUITE 112

 City-St-Zip:
 CLEARWATER, FL 33761
 City-St-Zip:
 CLEARWATER, FL 33761

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: JILL HAGAN DMD PRES 02/23/2005