**FILED**
**May 06, 2004 08:00 AM**
**Secretary of State**

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S09775

Entity Name
DENTAL OFFICE PROPERTIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 703 DEL WEBB BLVD.<br>SUN CITY CENTER, FL 33573-5258 | 703 DEL WEBB BLVD.<br>SUN CITY CENTER, FL 33573-5258 |

DO NOT WRITE IN THIS SPACE

05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0233361
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICKSON, ROBERT W., III
1206 MANATEE AVENUE WEST
BRADENTON, FL 34205

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8. 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. I am familiar with, and accept the obligations of registered agent.

U00000157423
05/06/04--20036--006 158.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(a), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | EASTMAN, LINDSAY B. |
| STREET ADDRESS | 1906 G 59TH ST. WEST |
| CITY-ST-ZIP | BRADENTON, FL |
| TITLE | D |
| NAME | TOMEO, CHARLES A. |
| STREET ADDRESS | 4906 D 59TH ST. WEST |
| CITY-ST-ZIP | BRADENTON, FL |
| TITLE | D |
| NAME | THOMPSON, WILLIAM J. |
| STREET ADDRESS | 4008 9TH AVE. WEST |
| CITY-ST-ZIP | BRADENTON, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 report 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:** [signature] 4.29.04 941-792-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #