2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S22156

1. Entity Name FRIENDSHIP CENTER DENTAL OFFICE, INC.

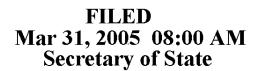


Principal Place of Business

SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



STE 115		3441 SOUTHWEST STATE ROAD 200 STE 115 OCALA, FL 34481 US			1)
DO NOT WRITE IN THIS SPACE					2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Re				
BUCY, DMD B 8441 SW STATE RD., SUITE 115 OCALA, FL 34481				DO NOT WRIT	
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. SIGNATURE					
Signature, typed or printed name of registered agent and tide if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 NOTE Registered Agent significant and tide if applicable 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees	E
10.	OFFICERS AND DI	RÉCTORS	1		
TITLE NAME STREET ADDRESS CITY ST-ZIP LITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCY, BARBARA DMD 8441 SW STATE RD 200, STE 115 OCALA, FĹ				98 6-805 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			DO NOT WRIT	ΓE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
INTLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

3-24.05

Daytime Phone #