
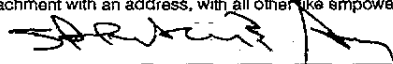


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # S56852 1. Entity Name SAFWAT B. ATTIA, D.D.S., P.A.			FILED Apr 21, 2005 08:00 AM Secretary of State
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business GAINESVILLE DENTAL CENTER 4000 WEST NEWBERRY ROAD GAINESVILLE, FL 32607</div><div>Mailing Address GAINESVILLE DENTAL CENTER 4000 WEST NEWBERRY ROAD GAINESVILLE, FL 32607</div></div>			
DO NOT WRITE IN THIS SPACE		04192005 No Chg-P CR2E034 (10/03)	
		<div style="display: flex; justify-content: space-between;"><div>4. FEI Number 59-3095525</div><div>Applied For Not Applicable</div></div>	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATTIA, SAFWAT B. 4000 WEST NEWBERRY RD GAINESVILLE, FL 32607		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div style="margin-bottom: 20px;">U00000321751 04/21/05-80090-003 150.00</div> DO NOT WRITE IN THIS SPACE	
<small>TITLE</small>	P		
<small>NAME</small>	ATTIA, SAFWAT B		
<small>STREET ADDRESS</small>	OLD TOWN SHOPPING CENTER		
<small>CITY - ST - ZIP</small>	OLDTOWN, FL		
<small>TITLE</small>			
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>			
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>			
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>			
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
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: 		3/19/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>	