

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66320

FILED
Mar 28, 2005
Secretary of State

Entity Name: CIRIC FAMILY DENTISTRY INC.

Current Principal Place of Business:

3504 CARDINAL PT DR
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

3504 CARDINAL PT DR
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3078049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIRIC, DRAGOLJUB
3765 SALTMEADOW COURT S
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPST () Delete
Name: CIRIC, RUZICA,
Address: 3765 SALT MEADOW COURT S
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPST () Delete
Name: CIRIC, DRAGOLYUB,
Address: 3765 SALTMEADOW COURT S
City-St-Zip: JACKSONVILLE, FL 32224

Title: P () Delete
Name: CIRIC, SLOBODAN DMD
Address: 1112 CREEKWOOD WAY NORTH
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: CIRIC, SLOBODAN DMD
Address: 7144 MADRID AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

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: DRAGOLJUB CIRIC

VP

03/28/2005

Electronic Signature of Signing Officer or Director

Date