## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2004 8:00 am Secretary of State

DOCUMENT # S77072							04-05-2004 90049 003 ***150.00			
1. Entity Name FAMILY DENTISTRY OF NAPLES, INC.								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Principal Place of Business 11121 HEALTH PARK BLVD., STE. 600 NAPLES, FL 34110			Mailing Address 3391-CERRITOCT. 1447 Po		Palma 25, FL 34119	Blance		94042899	1881 (1 1 <b>86</b> 1	
2. Principal Place of Business			3. Mailing Address	<u>, , , , , , , , , , , , , , , , , , , </u>						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (10/03)		
City & State			City & State	City & State			er 33476	——————————————————————————————————————	plied For t Applicable	
Zip		Country	Zip	Coun	try		of Status Desired	\$8.75 Add	itional	
	6. Name and Address		ent Registered Agent			7. Name and Address of New Reg				
				Name						
MARSTON 3 <del>391-CER</del>	RITO CT.	11447 Pal	ma Blanca e	Street Address (P.O. Box Number is Not Acceptable)						
MARSTON, CEASAR R 3391-CERRITO ET. 1447 Palma Blanca Ct, Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34109 Naples, FL 3411.9										
		•			City			Zip Code		
8. The above	named entit	y submits this statement	for the purpose of changing its	register	ed office or regi	stered agent, or bo	oth, in the State of Fl		and accept	
the obligations of registered agent.										
SIGNATURE A 10-21 TO STANDARD A CONTINUE A C										
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Hegistered Agent signature required when reinstating)  ON 15: Hegistered Agent signature required when reinstating)  ON 15: Hegistered Agent signature required when reinstating)										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   7 Trust Fund Contribution.   4 Added to Fees										
10. OFFICERS AND DIRECTORS						ADDITIONS	I /CHANGES TO OFF	CERS AND DIRECTORS	3 IN 11	
TITLE NAME	D	N CEASADD	☐ Delete	Delete TITLE NAME				☐ Change	Addition	
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CITY-ST-ZIP	NAPLES, FL 34109			CITY	-ST-ZIP					
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CITY-ST-ZIP	NAPLES, FL 34109				-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS - ST-ZIP					
TITLE			☐ Delete	TITL				☐ Change	Addition	
NAME				NAM	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			r State		-ST-ZIP.	1	<u> </u>			
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12.1 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										
l of the co	rnoration or t	he receiver or trustee em	powered to execute this reports, with all other line empowered	t as requ	ired by Chapter	607, Florida Statut	es; and that my nam	ne appears in Block 10 or	Block 11 if	
	•	1/0	27/1/10	. <u>C</u>						
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date										