

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S77957

FILED
Jan 03, 2005
Secretary of State

Entity Name: ABSOLUTE DENTAL CARE, P.C.

Current Principal Place of Business:

33143 US HWY 19 N.
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

33143 US HWY 19 N.
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3093364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHLEEN MILLER
33143 US HWY 19 NORTH
CORAL LANDINGS PLAZA
PALM HARBOR, FL 34684 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: PVTs () Delete
Name: MILLER, KATHLEEN M.
Address: 33143 US HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: KATHLEEN M. MILLER

PRES

01/03/2005

Electronic Signature of Signing Officer or Director

Date