2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 10, 2005 08:00 AM Secretary of State **DOCUMENT # S84712** LEANA B. THANOS DMD, PA Principal Place of Business __ Mailing Address 1625 N. COMMERCE PARKWAY 1625 N. COMMERCE PARKWAY SUITE 220 SUITE 220 WESTON, FL 33326 WESTON, FL 33326 CR2E034 (10/03) 01072005 No Cha-P DO NOT WRITE IN THIS SPACE 4 FFI Number Applied For 65-0290099 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THANOS, LEANA B. DO NOT WRITE 1625 N. COMMERCE PKWY, SUITE 220 FT. LAUDERDALE, FL 33326 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE THANOS, LEANA B. NAME U00000177671 STREET ADDRESS 1625 N. COMMERCE PARKWAY, SUITE 220 _01/11/0S-80057-017 150.00 FT. LAUDERDALE, FL 33326 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP πц NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 eath; 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.

STREET ADDRESS CHY-ST-ZIP

4 ann SIGNATURE: ... SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DA DIRECTOR

FILED