


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000004674					
1. Entity Name HADDAD O.M.S. AND ASSOCIATES, P.A.					
Principal Place of Business 6 BROADWATER DR ORMOND BCH FL 32174 US		Mailing Address 6 BROADWATER DR ORMOND BCH FL 32174 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3422182	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HADDAD, RAYMOND D DMD 6 BROADWATER DR ORMOND BCH FL 32174			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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)	
				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HADDAD, RAYMOND D DMD	NAME			
STREET ADDRESS	6 BROADWATER DR	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BCH FL 32174	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: <i>Raymond D Haddad DMD</i>		PRESIDENT		02-16-2005 (386)316-571	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
RAYMOND D HADDAD DMD					



1st MOORE CR2E034 (10/04)

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