

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583647

FILED
Feb 24, 2004
Secretary of State

Entity Name: PALM BEACH PROSTHODONTICS, P.A.

Current Principal Place of Business:

2521 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

2521 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

2521 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407

New Mailing Address:

2521 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33407 US

FEI Number: 59-1857489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAY, HOWARD B., D. D. S.
2521 NORTH FLAGLER DRIVE
WEST PALM BEACH,, FL 33407

Name and Address of New Registered Agent:

KAY, HOWARD B., D. D. S.
2521 NORTH FLAGLER DRIVE
WEST PALM BEACH,, FL 33407 US

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: HOWARD B. KAY, D.D.S.

02/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAY, HOWARD B., D.D., S.
Address: 2504 EMBASSY DR.
City-St-Zip: W. PALM BEACH, FL

Title: ST () Delete
Name: KEOUGH, BERNARD E., D., M.D.
Address: 85 ST. JAMES COURT
City-St-Zip: PALM BCH GARDENS, FL

Title: V () Delete
Name: BLAKE, ROY C., III., DDS
Address: 1740 TUDOR ROAD
City-St-Zip: JUNO ISLES, FL

Title: V () Delete
Name: SANTAMARINA, MIGUEL J, DDS
Address: 7498 RIDGEFIELD LANE
City-St-Zip: LAKE WORTH, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: HOWARD B. KAY, D.D.S.

P

02/24/2004

Electronic Signature of Signing Officer or Director

Date