

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 592060

1. Entity Name
ZAMIKOFF, KLEMENT & JUNGMAN, D.D.S., P.A.



Principal Place of Business
**2103 59TH STREET WEST
BRADENTON, FL 34209-7015**

Mailing Address
**2103 59TH STREET WEST
BRADENTON, FL 34209-7015**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1859693

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZAMIKOFF, IRVING I., D.D.S.
2103 59TH STREET WEST
BRADENTON, FL**

**DO NOT WRITE
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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZAMIKOFF, IRVING I.
STREET ADDRESS	2103 59TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL

TITLE	V
NAME	KLEMENT, ROBERT J.
STREET ADDRESS	2103 59TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL

TITLE	S
NAME	JUNGMAN, DOUGLAS C.
STREET ADDRESS	2103 59TH STREET WEST
CITY-ST-ZIP	BRADENTON, FL 34209

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000184476
01/20/05-80030-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/05 941-792-2766