

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 600421 1. Entity Name SOUTHEAST FLORIDA DENTAL GROUP, P.A.	
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Principal Place of Business 12900 N.E. 17TH AVENUE SUITE 500 NORTH MIAMI, FL 33181	Mailing Address 12900 N.E. 17TH AVENUE SUITE 500 NORTH MIAMI, FL 33181
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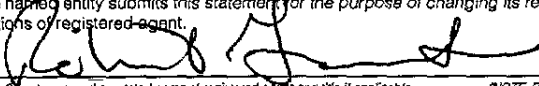
02012005 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-1218473	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRUMET, ROBERT 12900 N.E. 17TH AVE., #500 NORTH MIAMI, FL 33181
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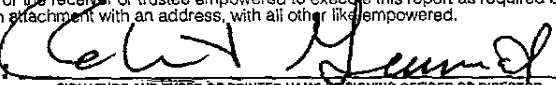
DO NOT WRITE IN THIS SPACE

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  DATE 2/1/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
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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	1100000215672 02/05/05-60019-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRUMET, ROBERT A DDS 12900 NE 17TH AVE #500 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LEVINSON, MARVIN S DMD 12900 NE 17TH AVE #500 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIONTS, DAVID B DMD 12900 NE 17 AV #500 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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  DATE 2/1/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Grumet	305 8910600
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