

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601500

FILED  
Jun 30, 2004  
Secretary of State

Entity Name: GARY R. WEIDER, D.M.D., P.A.

**Current Principal Place of Business:**

2785 N.E. 183RD ST.  
SUITE 600  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

2785 N.E. 183RD ST.  
SUITE 600  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: 59-1273523      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEIDER, GARY R., D.M.D.  
2785 N.E. 183RD ST.  
N MIAMI BCH, FL 33160      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST      ( ) Delete  
Name: WEIDER, GARY R.,  
Address: 2785 N.E. 183RD STREET  
City-St-Zip: AVENTURA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: GARY R. WEIDER

DR.

06/30/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date