


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 604041
 1. Entity Name
 ROBERT D. HELMHOLDT, D.D.S., P.A.



Principal Place of Business: 1700 NE 26TH STREET, FT. LAUDERDALE, FL
 Mailing Address: 1700 NE 26TH STREET, FT. LAUDERDALE, FL

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04262005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1439043 Applied For (Not Applicable)

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

6. Name and Address of Current Registered Agent
 HELMHOLDT, ROBERT D.
 1700 NE 26TH STREET
 FT. LAUDERDALE, FL 33305

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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: _____ (NOTE: Registered Agent signature required when rechartering) 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	VD
NAME	MACK, M. ROBERT
STREET ADDRESS	2300 E. LAS OLAS BLVD.
CITY - ST - ZIP	FT. LAUDERDALE, FL
TITLE	SD
NAME	LASALLE, THOMAS
STREET ADDRESS	75 NE 6TH AVE.
CITY - ST - ZIP	DELRAY BEACH, FL
TITLE	PTD
NAME	HELMHOLDT, ROBERT D.
STREET ADDRESS	1700 NE 26TH ST.
CITY - ST - ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/02/05-80032-020 150.00

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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:  ROBERT D. HELMHOLDT 4-28-05 954-563-5861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #