


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90052 021 ***150.00

DOCUMENT # G14147		
1. Entity Name DR. STUART M. HIRSCH, D.M.D., P.A.		

Principal Place of Business % 7305 W. SAMPLE ROAD CORAL SPRINGS, FL	Mailing Address % 7305 W. SAMPLE ROAD CORAL SPRINGS, FL
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24039330

2. Principal Place of Business 7305 W. Sample Road	3. Mailing Address 7305 W. Sample Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04052004 Chg-P CR2E034 (10/03)

City & State Coral Springs, FL	City & State Coral Springs, FL	4. FEI Number 59-2298893	Applied For <input type="checkbox"/> Not Applicable
Zip 33065	Country US	Zip 33065	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLOCK, PHYLLIS S ARNSTEIN & LEHR 515 NORTH FLAGLER DR., STE. 600 WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name Phyllis L. Shuster, Esq. Street Address (P.O. Box Number is Not Acceptable) Arnstein & Lehr LLP 515 N. Flagler Dr., Ste. 600 City West Palm Beach FL Zip Code 33401	
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 <u>Phyllis L. Shuster (f/k/a Phyllis S. Block)</u> 4/7/04 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRSCH, STUART 7305 W. SAMPLE RD. CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hirsch, Stuart 7305 W. Sample Rd. Coral Springs, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HIRSCH, STUART 7305 W. SAMPLE RD. CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Hirsch, Stuart 7305 W. Sample Rd. Coral Springs, FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. Phyllis L. Shuster, as Attorney for DR. STUART M. HIRSCH, D.M.D., P.A. SIGNATURE: <u>Phyllis L. Shuster</u> 4/8/04 561-833-9800 Signature and typed or printed name of signing officer or director Date Daytime Phone #	
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