


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90063 004 ***150.00

DOCUMENT # H70853
 1. Entity Name
ELLIOTT M. ZANK, D.D.S., P.A.



Principal Place of Business Mailing Address
4783 N CONGRESS AVE **4783 N CONGRESS AVE**
BOYNTON BEACH FL 33426 **BOYNTON BEACH FL 33426**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2645673** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ZANK, ELLIOTT M
4783 N CONGRESS AVE
~~LAHAINA FL 33462~~ *Ocean Bch, Fl*
33426

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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]* *the address correction* DATE *1/27/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------|
| TITLE | PD <input type="checkbox"/> Delete |
| NAME | ZANK, ELLIOT |
| STREET ADDRESS | 4783 N CONGRESS AVE |
| CITY-ST-ZIP | BOYNTON BCH. FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11


| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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]* *Elliot M. Zank DDS (1/27)ky* Date *1/27/07* Daytime Phone # *561-89390550*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24607347



MOORE CR2E034 (11/03)