

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H70853

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** ELLIOTT M. ZANK, D.D.S., P.A.

**Current Principal Place of Business:**

4783 N CONGRESS AVE  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

4783 N CONGRESS AVE  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 59-2645673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZANK, ELLIOTT M  
4783 N CONGRESS AVE  
BOYNTON BEACH, FL 33426 US

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

ZANK, ELLIOT M  
4783 N CONGRESS AVE  
BOYNTON BEACH, FL 33426 US

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: ELLIOT ZANK DDS

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZANK, ELLIOT,  
Address: 4783 N CONGRESS AVE  
City-St-Zip: BOYNTON BCH., 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 Chapter 119, 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: ELLIOT ZANK DDS

PD

04/25/2006

Electronic Signature of Signing Officer or Director

Date