

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093019

Entity Name: MICHELLE A. SEGAL DMD, P.A.

FILED  
Apr 25, 2005  
Secretary of State

**Current Principal Place of Business:**

16875 NE 15 AVE.  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

90 EDGEWATER DRIVE #407  
CORAL GABLES, FL 33133

**New Mailing Address:**

5250 SAN AMARO DR.  
CORAL GABLES, FL 33146

FEI Number: 22-3871140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SEGAL, MICHELLE A  
90 EDGEWATER DRIVE #407  
CORAL GABLES, FL 33133 US

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

SEGAL, MICHELLE A  
5250 SAN AMARO DR.  
CORAL GABLES, FL 33146 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: MICHELLE A. SEGAL, DMD, PA

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SEGAL, MICHELLE A  
Address: 90 EDGEWATER DRIVE #407  
City-St-Zip: CORAL GABLES, FL 33133

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

Title: DMD (X) Change ( ) Addition  
Name: SEGAL, MICHELLE A  
Address: 5250 SAN AMARO DR.  
City-St-Zip: CORAL GABLES, FL 33146

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: MICHELLE A. SEGAL, DMD, PA

DMD

04/25/2005

Electronic Signature of Signing Officer or Director

Date