2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90336 030 ***150.00

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04022004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000079333

1. Entity Name
FISHER DENTAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2 SE 6 AVE DELRAY BCH, FL 33483 US	2 SE 6 AVE DELRAY BCH, FL 33483 US

2. Principal Place of Business	3. Mailing Address
601 N CONGRESS AVE	601 N CONGRESS AVE
Suite, Apt. #, etc. #401	Suite, Apt. #, etc. #401
City & State DELRAY BCH FL	City & State DELRAY BCH Fl
Zip 33445 Country US of A	Zip 33445 Country US of A

4. FEI Number 65-0529202 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FISHER, RONALD M
2 SE 6TH AVE
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable) 601 N CONGRESS AVENUE #401
City DELRAY BCH FL Zip Code 33445

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 ______________________
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, RONALD M 7730 VILLA D'ESTE WAY DELRAY BEACH, FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Ronald Fisher 4/5/04 561-276-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #