


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # V60947
 1. Entity Name
 DAVID G. GENET, D.M.D., P.A.



Principal Place of Business Mailing Address
 19080 NE 29 AVE. 19080 NE 29 AVE.
 NORTH MIAMI BEACH, FL 33180 US NORTH MIAMI BEACH, FL 33180 US

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FCI Number Applied For
 65-0353222 Not Applicable

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

6. Name and Address of Current Registered Agent

GENET, DAVID G.
 19080 NE 29TH AVENUE
 AVENTURA, FL 33180

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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 _____ DATE _____
Signature typed or printed name of officer or agent and title if applicable (NOTE: Registered Agent Signature required when rechartering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GENET, DAVID G.
STREET ADDRESS	19080 NE 29 AVE.
CITY-ST ZIP	N. MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

100000272627
 03/22/05-80013-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: 3/17/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR