## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56116

Entity Name: DAVID J. WEINER, D.M.D., P.A.

FILED Apr 29, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

100 S. BISCAYNE BLVD., #111 100 SOUTH BISCAYNE BLVD., MIAMI, FL 33131

**SUITE # 111** MIAMI, FL 33131

**Current Mailing Address: New Mailing Address:** 

100 S. BISCAYNE BLVD., #111 100 SOUTH BISCAYNE BLVD.,

MIAMI, FL 33131 **SUITE # 111** MIAMI, FL 33131

FEI Number: 65-0281829 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WEINER, DAVID WEINER, DAVID 100 SO. BISCAYNE BLVD 100 SOUTH BISCAYNE BLVD #111 #111

MIAMI, FL 33131 US MIAMI, FL 33131 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: DAVID J. WEINER 04/29/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

## **OFFICERS AND DIRECTORS:**

Title:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

WEINER, DAVID J., WEINER, DAVID J Name: Name:

100 S BISCAYNE RD #111 100 SOUTH BISCAYNE BLVD #111 Address: Address:

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL 33131

Title: Title: (X) Change ( ) Addition () Delete

Name: WEINER, DAVID J., Name: WEINER, DAVID J.,

100 S BISCAYNE RD #111 Address: 100 SOUTH BISCAYNE BLVD #111 Address:

MIAMI, FL MIAMI, FL 33131 City-St-Zip: City-St-Zip:

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: DAVID J. WEINER, D.M.D., PRESIDENT **PRES** 04/29/2004