2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000038762

1. Entity Name
STEVEN D. WEISSMAN, D.M.D., P.A.

Principal Place of Business	Mailing Address
1031 KANE CONCOURSE	6625 SHEFFIELD LANE
BAY HARBOR ISLANDS, FL 33154	MIAMI BEACH, FL 33141 US

01072005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0582837	Not Applicable

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

6. Name and Address of Current Registered Agent

WEISSMAN, STEVEN D
1031 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

DO NOT WRITE
IN THIS SPACE

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, 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	PD
NAME	WEISSMAN, STEVEN D
STREET ADDRESS	1031 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154

TITLE	ST
NAME	WEISSMAN, ANA
STREET ADDRESS	1031 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154

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01/24/05-80085-009 150.00

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CITY-ST-ZIP	

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: ___Ana Weissman___   1/14/05   3058641656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #