


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F65736
1. Entity Name
FREDERICK E. KNOLL, D.D.S., P.A.



Principal Place of Business: **C/O FREDERICK E. KNOLL DDS
951 NW 167 STREET, #208
N MIAMI BEACH, FL 33162**

Mailing Address: **C/O FREDERICK E. KNOLL DDS
951 NW 167 STREET, #208
N MIAMI BEACH, FL 33162**

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01172005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-2159928** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
**KNOLL, FREDERICK E., D.D.S.
951 NE 167 STREET
N MIAMI BEACH, FL 33162**

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7. 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

8. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

U00000134800
01/26/05-80002-025-150.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOLL, FREDERICK E 951 NE 167TH ST #208 N MIAMI BCH, FL
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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 its 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: *Frederick E. Knoll* Date: *1/24/05* Daytime Phone #: *305-651-0139*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR