

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 604041

1. Entity Name
ROBERT D. HELMHOLDT, D.D.S., P.A.



Principal Place of Business
**1700 NE 26TH STREET
FT. LAUDERDALE, FL**

Mailing Address
**1700 NE 26TH STREET
FT. LAUDERDALE, FL**



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1439043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HELMHOLDT, ROBERT D.
1700 NE 26TH STREET
FT. LAUDERDALE, FL 33305**

**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 restarting)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MACK, M. ROBERT
2300 E. LAS OLAS BLVD.
FT. LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
LASALLE, THOMAS
75 NE 6TH AVE.
DELRAY BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
HELMHOLDT, ROBERT D.
1700 NE 26TH ST.
FT. LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/02/05-80032-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

ROBERT D. HELMHOLDT

4-28-05

954-563-5861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #