


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 483568 1. Entity Name OLDER & SLONIM, M.D.S, P.A.	
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Principal Place of Business 4444 E FLETCHER AVE STE D TAMPA, FL 33613	Mailing Address 4444 E FLETCHER AVE STE D TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLDER, JAY JUSTIN M.D.
4444 E FLETCHER AVE
STE D
TAMPA, FL 33613

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000097442 03/26/04 00000 022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLDER, JAY J 4444 E FLETCHER AVE STE D TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SLONIM, CHARLES B M.D. 4444 E FLETCHER AVE STE D TAMPA, FL 33613
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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: J. Justin Older J. JUSTIN OLDER 3/23/04 (813)971-3846

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