


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 496646**  
 1. Entity Name  
 DR. HOWARD M. DAVIS, D.D.S., P.A.



Principal Place of Business      Mailing Address  
 960 ARTHUR GODFREY ROAD      960 ARTHUR GODFREY ROAD  
 MIAMI BEACH, FL 33140      MIAMI BEACH, FL 33140

**DO NOT WRITE IN THIS SPACE**



01092004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-1644638      Not Applicable

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

6. Name and Address of Current Registered Agent

MIRMELLI, STEWART  
 930 WASHINGTON AVE., 3RD FLOOR  
 INTERCONTINENTAL BANK BLDG  
 MIAMI BCH, FL 33139

**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.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DAVIS, HOWARD M. 960 ARTHUR GODFREY RD312 MIAMI BEACH, FL
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 02/04/04-80120-017 150.00

**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)(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: *[Signature]*      Date: *2-2-04*      Daytime Phone #: *305 672-254*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR