# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # 510326

1. Entity Name
HOWARD L. PASEKOFF, D.M.D., P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 1300 NW 17TH AVE STE 160<br>DELRAY BEACH, FL 33445 | 1300 NW 17TH AVE STE 160<br>DELRAY BEACH, FL 33445 |

04052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-1683612
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PASEKOFF, HOWARD
3185 ST JAMES DR
BOCA RATON, FL 33433

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *NOTE: Registered Agent signature required when changing

**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

U00000113169
04/14/04-80052-020 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PT |
| NAME | PASEKOFF, HOWARD L |
| STREET ADDRESS | 3185 ST JAMES DR |
| CITY-ST-ZIP | BOCA RATON, FL |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:** Howard L. Pasekoff DMD, Pres. 04-06-04 561-243-8933
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
HOWARD L. PASEKOFF, DMD, PRES.