

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 574262

1. Filing Name
BRAD W. ARENZ D M D. P.A.



Principal Office or Location

**3221 S. CONWAY RD.
STE B
ORLANDO, FL 32812**

Mailng Address

**3221 S. CONWAY RD.
STE B
ORLANDO, FL 32812**

DO NOT WRITE IN THIS SPACE

08122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1831797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARENZ, BRAD W.
7612 DAETWYLER DR.
ORLANDO, FL 32812**

**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 qualifications of registered agent.

SIGNATURE

Signature of person making statement of registered agent or officer or director

(If Not Registered Agent Signature is not applicable)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

1. Name
ARENZ, BRAD W.
2. Office Address
**7612 DAETWYLER DR.
ORLANDO, FL**

U00000170611
08/23/04-80003-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing complies exactly for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information contained 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 I am not an officer or director with an address with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

8/12/04 407-273-1469
Date Daytime Phone #