

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 578445

1. Entity Name

MICHAEL L. WEINSTOCK D.D.S., P.A.



Principal Place of Business

**664 PALM SPRINGS DR.
ALTAMONTE SPRINGS, FL 32701**

Mailing Address

**664 PALM SPRINGS DR.
ALTAMONTE SPRINGS, FL 32701**

DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1833566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEINSTOCK, MICHAEL L., D.D.S.
664 PALM SPRINGS DR.
ALTAMONTE SPRINGS, FL 32701**

**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 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**

**000000090621
03/17/04-80027-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WEINSTOCK, MICHAEL L., DDS
STREET ADDRESS 664 PALM SPRINGS DR.
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Weinstein **MICHAEL WEINSTOCK** 3/17/04 407-834-6446