


**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
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**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 <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTOCK, MICHAEL L, DDS 664 PALM SPRINGS DR. 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:** *Michael L. Weinstock* **MICHAEL WEINSTOCK** 3/17/04 407-834-6446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #