


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 600866
 1. Entity Name
 RICHARD R. SOUVIRON, D.D.S., P.A.



Principal Place of Business 336 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004	Mailing Address 336 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004
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04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1265687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKOUL, WALTER E. ESQ.
 7883 S.E. MYRICA LANE
 306
 HOBE SOUND, FL 33455

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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 re-registering) 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	PD SOUVIRON, RICHARD R 336 ALHAMBRA CIRCLE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOUVIRON, B 336 ALHAMBRA CIRCLE CORAL GABLES, FL
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 04/29/04-80035-024 150.00

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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: Barbara Souviron **BARBARA SOUVIRON** Date: 4.20.04 Daytime Phone #: 305 447-0091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR