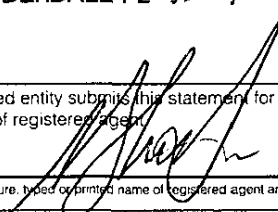


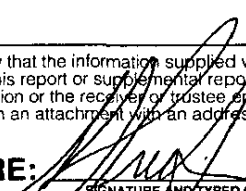
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90049 020 ***150.00

DOCUMENT # 600973					
1. Entity Name NORMAN BLUTH, D.D.S. AND BARRY A. BLUTH, D.M.D., P.A.					
Principal Place of Business 4175 S.W. 64 AVENUE DAVIE FORT LAUDERDALE FL 33314			Mailing Address 4175 S.W. 64 AVENUE DAVIE FORT LAUDERDALE FL 33314		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1263751	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUTH, NORMAN 4175 S.W. 64TH AVE. FT. LAUDERDALE FL 33314			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 1-25-04	
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 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BLUTH, NORMAN		NAME		
STREET ADDRESS	4175 S.W. 64TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BLUTH, BARRY A		NAME		
STREET ADDRESS	4175 S.W. 64 AVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33314		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BLUTH, SHERRI		NAME		
STREET ADDRESS	4175 S W 64 AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33314		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **NORMAN Bluth** **1-25-04** **854 792 3800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #