

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 601421
 1. Entity Name
 BLUMENTHAL, ROTHFIELD, AND OKLIN, D.D.S., P.A.



Principal Place of Business
 6805 PEMBROKE ROAD
 PEMBROKE PINES, FL 33023

Mailing Address
 6805 PEMBROKE ROAD
 PEMBROKE PINES, FL 33023



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1274191 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BLUMENTHAL, FREDERICK
 6805 PEMBROKE ROAD
 PEMBROKE PINES, FL

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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLUMENTHAL, FREDERICK 4729 JEFFERSON ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OKLIN, RONALD 2220 NORTH 54TH AVENUE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTHFIELD, BENTON 1021 N. VENETIAN DR. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(l), 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]* BENTON C ROTHFIELD 4/23/04 9549896950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #