



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90274 046 ***150.00

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		
2. Principal Place of Business <i>6805 PEMBROKE ROAD</i>		3. Mailing Address <i>6805 PEMBROKE ROAD</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>HOLLYWOOD, FL</i>		City & State <i>HOLLYWOOD, FL</i>		03192005 Chg-P CR2E034 (10/03)	
Zip <i>33023</i>		Country <i>BROWARD</i>		4. FEI Number 59-1274191	
Zip <i>33023</i>		Country <i>BROWARD</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUMENTHAL, FREDERICK 6805 PEMBROKE ROAD PEMBROKE PINES, FL			7. Name and Address of New Registered Agent Name <i>RONALD OKLIN</i> Street Address (P.O. Box Number is Not Acceptable) <i>6805 PEMBROKE ROAD</i> City <i>HOLLYWOOD</i> FL Zip Code <i>33023</i>		
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 <i>[Signature]</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>4/21/05</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLUMENTHAL, FREDERICK		NAME		
STREET ADDRESS	4729 JEFFERSON ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OKLIN, RONALD		NAME		
STREET ADDRESS	2220 NORTH 54TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROTHFIELD, BENTON		NAME		
STREET ADDRESS	1021 N. VENETIAN DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	<i>RICHARD OKLIN</i>	
STREET ADDRESS			STREET ADDRESS	<i>6805 PEMBROKE RD</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>HOLLYWOOD, FL 33023</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/21/05</i> Daytime Phone # <i>954-989-6950</i>	