• 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANSE OF SIGNING DEFICER OR DIRECTOR

FILED Feb 09, 2005 08:00 AM Secretary of State

				Secretary of State			
DOCUMENT # 601773 1. Entity Name BARRY S. SEGAL, D.D.S., P.A.					Sec	retary (oi State
Principal Pla	ce of Business M	lailing Address		1			
3575 NE 20	O7TH ST	3575 NE 207TH ST	•				
SUITE B-17		SUITE B-17					
AVENTUKA,	FL 33180	AVENTURA, FL 33180	=	L THRONE WOLL	NEW THE PERSON NAMED AND A STATE OF THE PERSON NAMED AND A STA	l waste bilke wani waka	11011 1(11)1001 II 101)
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				4. FEI Numbe			Applied For
				59-1279	9522		Not Applicable
				5. Certificate	of Status Desired	□ \$8.7 Fee F	'5 Additional lequired
	6. Name and Address of Current Regis	tered Agent		7.		iq	
SEGAL, B	BARRY S.		DΟ	NOT W	DITE	···	
3575 NE 207TH STREET SUITE B-17							
	/ENTURA, FL 33180			IN T	THIS SP	ACE	
!	,						
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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when refusatifing) DATE							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be							
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	· ~ +	ed to Fees			
10.	OFFICERS AND DIRECT	CTORS				and are seen of both to	
TITLE NAME	SEGAL, BARRY S.		1				and the same of th
STREET ADDRESS	3575 NE 207TH ST	14/0000221164 02/09/05-80023-004 150.00					
CITY-ST-ZIP	AVENTURA, FL 33180		1		02/09/05-8	30023-004	150.00
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12. I hereby of indicated	certify that the information supplied with this in on this report or supplemental report is the a poration or the receiver or trustee empty were an attachment with an endless with all	ling does not qualify for the exer	nption stated in Secure shall have the s	ction 119.07(3)(i)	, Florida Statutes. I	further certify tha	t the information
of the cor	poration or the receiver or trustee empowered	to execute this report as requir	ed by Chapter 607	, Florida Statutes	, and that my name	appears in Block	10 or Block 11 if