

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # 601868

1. Entity Name
MICHAEL S. GORDON, D.M.D., P.A.



Principal Place of Business

1045 KANE CONCOURSE
SUITE 204
BAY HARBOR, FL 33154

Mailing Address

1045 KANE CONCOURSE
SUITE 204
BAY HARBOR, FL 33154

DO NOT WRITE IN THIS SPACE



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1284421

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GORDON, MICHAEL S., D.M.D.
1045 KANE CONCOURSE, #204
BAY HARBOR, FL 33154

**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

Signature, typed or printed name of registered agent and title if applicable

(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

000000100123
03/31/04-80032-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GORDON, MICHAEL S
STREET ADDRESS	1045 KANE CONCOURSE
CITY-ST-ZIP	BAY HARBOR IS., FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael S. Gordon Michael S. Gordon 3/24/04 (305) 868-4600