


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 603242**  
 1. Entity Name  
**ROBERT B. CUSHING D.D.S., P.A.**



Principal Place of Business      Mailing Address  
**900 WEST 49TH STREET**      **900 WEST 49TH STREET**  
**SUITE 400**      **SUITE 400**  
**HIALEAH, FL 33012**      **HIALEAH, FL 33012**

**DO NOT WRITE IN THIS SPACE**



07142004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CUSHING, ROBERT B**  
**900 WEST 49TH STREET**  
**SUITE 400**  
**HIALEAH, FL 33013**

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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: **7/15/04**  
Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when re-registering)

*NO CHANGE*

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

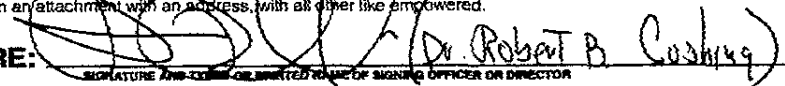
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CUSHING, ROBERT B</b> <b>900 WEST 49TH ST. #400</b> <b>HIALEAH, FL</b>
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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)(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 any attachment with an address, with all other like empowered.

**SIGNATURE:**       **(Dr. Robert B. Cushing)**      DATE: **7/15/04**      DAYTIME PHONE #: **305-5581211**  
Signature typed or printed name of signing officer or director