2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 603733

1. Entity Name



FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90300 033 ***150.00

FRED J. WITKOFF D.D.S.,P.A.					04-29-2004 90300 033 ** 130.00		
Principal Plac	e of Business	: Mailing Address	N +4 - F		· ·		
475 BILTMO	DRE WAY	475 BILTMORE WAY		_	and the second s		
	BLES FL 33134	CORAL GABLES FL	33134		也 10 mm 10		
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2. Principal Place of Business 3. Mailing Address							
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Suite, Apt.	#, etc.	' Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State			4. FEI Number 59-1420715 Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent		
			Name	•			
WITKOFF, FRED J			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
4/5 COF	BILTMORE WAY RAL GABLES FL 33134						
00.	THE GABLEST E GOTOT		ŀ				
	3.		City	-	FL Zip Code		
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 ager	nt and title if applicable. (N	OTE: Registered Agent signatur	re required w	when reinstating) DATE		
5 (2) (2) (3) (4)	ILE NOW!!! FEE IS \$150.00		······································				
Afte	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department		i.		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD ·	, Delete	TITLE		Change Addition		
NAME	WITKOFF, FRED J		NAME				
STREET ADDRESS CITY-ST-ZIP	475 BILTMORE WAY CORAL GABLES FL		STREET ADDRESS CITY-ST-ZIP				
TITLE	OOTAL GABLEST L	☐ Delete	TITLE		Change Addition		
NAME		. in perere	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
12 I boroby	dorlife that the information equalized with	th this filing doos not avalify	for the exemption state	ad in Coa	ction 110 07/2Vi). Florida Statutas, I further cortifu that the information		

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: