

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90003 003 \*\*\*150.00

**DOCUMENT # 603898**

1. Entity Name  
JAY C. KALTMAN, D.D.S., P.A.



Principal Place of Business  
7500 NW 5TH STREET  
PLANTATION, FL 33317

Mailing Address  
7500 NW 5TH STREET  
PLANTATION, FL 33317

**54060198**



06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1420383	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

KALTMAN, JAY  
9700 WEATHERVAN  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KALTMAN, JAY 9700 WEATHERVANE MANOR PLANTATION, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 an other life empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 07/30/04 503-545-2  
Date Daytime Phone #

*Attachment*

*54060198*  
*#603898*

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2004.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY. PLEASE  
ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF THE ANNUAL REPORT  
FEE.

YOURS TRULY

