

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 604041

1. Entity Name
ROBERT D. HELMHOLDT, D.D.S., P.A.



Principal Place of Business
**1700 NE 26TH STREET
FT. LAUDERDALE, FL**

Mailing Address
**1700 NE 26TH STREET
FT. LAUDERDALE, FL**



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1439043

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HELMHOLDT, ROBERT D.
1700 NE 26TH STREET
FT. LAUDERDALE, FL 33305**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000914754
05/08/08-80068-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MACK, M. ROBERT
STREET ADDRESS	2300 E. LAS OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	SD
NAME	LASALLE, THOMAS
STREET ADDRESS	75 NE 6TH AVE.
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	PTD
NAME	HELMHOLDT, ROBERT D.
STREET ADDRESS	1700 NE 26TH ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL
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 exemptions contained in Chapter 119, 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 #