


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 687429
1. Entity Name
RONALD M. HAGEN, D.D.S., P.A.



Principal Place of Business Mailing Address
8257 S DIXIE HIGHWAY 8257 S DIXIE HIGHWAY
MIAMI, FL 33143 MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2039994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAGEN, RONALD MARK DDS
8257 S DIXIE HIGHWAY
DIXIE POINTE CENTER
MIAMI, FL 33143

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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 \$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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, RONALD MARK 8257 S DIXIE HIGHWAY MIAMI, FL 33143
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02/02/04-80017-011 150.00

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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)(f), 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: R. Ronald Hagen 1-29-04 305-6674410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #