2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06754

1. Entity Name STANLEY KRUGMAN, D.D.S., P.A.

Principal Place of Business 6601 S.W. 80 STREET

203 SOUTH MIAMI, FL 33143 Mailing Address

6601 S.W. 80 STREET

203

SOUTH MIAMI, FL 33143

FILED Apr. 26, 2004. 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For

5. Certificate of Status Desired

Not Applicable
\$8.75 Additional

5. Certificate of Status Desire

58-1419551

Fee Required

6. Name and Address of Current Registered Agent

KRUGMAN, STANLEY 6601 S.W. 80 ST. # 203 SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pullons of registered agent.	rpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if a	annicable (NOTE Benislared	Accord transplan	required when reinstating)	DATE
	Signature, typed of princed source of registered agent and the in-	(NOTE: TOglatolog	- gork algradate	, adores another state (5)	T
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	ORS			
TITLE Name Street address City-St-Zip	DP KRUGMAN, STANLEY 6601 S W 80 STREET #203 SOUTH MIAMI, FL 33143				U00000129788 04/26/04-80092-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					04/50/04_00035_01/12h*@
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 supplication in 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:

INATURE AND TYPED ON PRINTED NAME OF STOUNG OFFICER OR DIRECTOR

121/04 305-1016-7440
Daysino Phone #