


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90027 009 ***150.00

DOCUMENT # F38649			
1. Entity Name JEFFREY H. NULLMAN, DDS. P.A.			
Principal Place of Business 11467 BIRD ROAD MIAMI, FL 33165		Mailing Address 11467 BIRD ROAD MIAMI, FL 33165	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02062005		Chg-P	
59-2117919		CR2E034 (10/03)	
4. FEI Number		Applied For	
59-2117919		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NULLMAN, STEVEN A ESQ 1111 KANE CONCOURSE SUITE 605 BAY HARBOR ISLANDS, FL 33154		Name <u>NULLMAN, STEVEN A ESQ</u> Street Address (P.O. Box Number is Not Acceptable) <u>44 WEST FLAGLER STREET</u> <u>Suite 1000 Courthouse Tower</u> City <u>MIAMI</u> <u>FL</u> Zip Code <u>33130-1808</u>	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NULLMAN, JEFFREY H 11467 BIRD ROAD MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 any other like empowered.			
SIGNATURE: <u>Jeffrey H. Nullman DDS. P.A.</u>		Date: <u>Feb. 7, 2005</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>305-552-7050</u>	