

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90086 027 ***150.00

DOCUMENT # F61405

1. Entity Name

ERIC B. BENSON, D.D.S., P.A.



Principal Place of Business

1500 EAST BROWARD BLVD.
FT. LAUDERDALE FL 33304

Mailing Address

1500 EAST BROWARD BLVD.
FT. LAUDERDALE FL 33304

2. Principal Place of Business

1675 N.W. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

1675 N.W. FEDERAL HWY
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

59-2147096

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLF, BARBARA L.
2929 E. COMMERCIAL BLVD., SUITE 401
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name John A. Watson
Street Address (P.O. Box Number is Not Acceptable)
1800 N.W. 49th Street, Suite 120
City Ft. Lauderdale FL Zip Code 33309

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BENSON, ERIC B	
STREET ADDRESS	1500 E BROWARD BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENSON, MARY	
STREET ADDRESS	1500 E BROWARD BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENSON, BRITANY	
STREET ADDRESS	1500 E BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENSON, KRISTEN	
STREET ADDRESS	1500 E BROWARD BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1675 NW FED HWY	
CITY-ST-ZIP	STUART, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Eric B. BENSON, DDS 1-24-05 (772) 692-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #