

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G22718

FILED
May 03, 2005
Secretary of State

Entity Name: THEODORE M. GROSSMAN, D.M.D., P.A.

Current Principal Place of Business:

3801 N. UNIVERSITY DR., SUITE 505
SUNRISE, FL 33351

New Principal Place of Business:

3801 N. UNIVERSITY DR.,
SUITE 505
SUNRISE, FL 33351 US

Current Mailing Address:

3801 N. UNIVERSITY DR., SUITE 505
SUNRISE, FL 33351

New Mailing Address:

3801 N. UNIVERSITY DR.,
SUITE 505
SUNRISE, FL 33351 US

FEI Number: 59-2267691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSSMAN, THEODORE M
3801 NORTH UNIVERSITY DR - STE 505
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

GROSSMAN, THEODORE M
3801 NORTH UNIVERSITY DR
SUITE 505
SUNRISE, FL 33351 US

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.

SIGNATURE:

05/03/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GROSSMAN, THEODORE M, .
Address: 8357 N.W. 14TH STREET
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: GROSSMAN, THEODORE M, .
Address: 8357 N.W. 14TH STREET
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THEODORE M. GROSSMAN

DR.

05/03/2005

Electronic Signature of Signing Officer or Director

Date