

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # H10052 1. Entity Name RUSSO AND ELLIOT, D.M.D., P.A.	
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Principal Place of Business 2801 UNIVERSITY DR. #102 CORAL SPRINGS, FL 33065	Mailing Address 2801 UNIVERSITY DR. #102 CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2427954	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUSSO, CHARLES D., D.M.D. 2801 UNIVERSITY DR.#102 CORAL SPRINGS, FL 33065
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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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELLIOT, JEFFREY F. D.M 2801 UNIVERSITY DR.#102 CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RUSSO, CHARLES D DMD 2801 UNIVERSITY DR. #102 CORAL SPRINGS, FL
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IN THIS SPACE**

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: Charles Russo 7-1-04 954-752-1645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #