

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39628

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: MICHAEL D. SELZER, D.D.S., P.A.

## Current Principal Place of Business:

8177 W. GLADES RD  
SUITE # 23  
BOCA RATON, FL 33434

## New Principal Place of Business:

## Current Mailing Address:

8177 W. GLADES RD  
SUITE # 23  
BOCA RATON, FL 33434

## New Mailing Address:

FEI Number: 59-2736122      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDWARD, COHEN  
54 SW BOCA RATON BLVD  
BOCA RATON, FL 33432      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete  
Name: SELZER, MICHAEL D., DDS  
Address: 8177 W. GLADES RD  
City-St-Zip: BOCA RATON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition  
Name: SELZER, MICHAEL D DR  
Address: 8177 W. GLADES RD  
City-St-Zip: BOCA RATON, FL 33434 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: MICHAEL D. SELZER

DR.

01/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date