


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90160 002 ***150.00

DOCUMENT # J82134

1. Entity Name
JESS R. RIFKIN, DDS, P.A.



Principal Place of Business
**1289 COURT ST
 CLEARWATER, FL 33756**

Mailing Address
**1289 COURT ST
 CLEARWATER, FL 33756**

2. Principal Place of Business
324 12TH AVE

3. Mailing Address
324 12TH AVE

Suite, Apt. #, etc.

City & State
INDIAN ROCKS BEACH

City & State
INDIAN ROCKS BEACH

Zip
33785

Country
FLORIDA

Zip
33785

Country
FLORIDA



03272006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**RIFKIN, JESS R DR
 324 12TH AVE
 INDIAN ROCKS BEACH, FL 33785**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

7. Name and Address of New Registered Agent

4. FEI Number
59-2818989

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

B. 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  DATE **3/30/06**

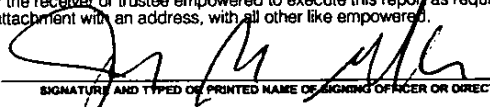
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	D RIFKIN, JESS 324 12TH AVE INDIAN ROCKS BEACH, FL 33785	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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JESS R. RIFKIN** 3/30/06 (227) 596-7901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #