


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J91171**  
 1. Entity Name  
 BRUCE L. KAUFMANN, D.D.S., P.A.



Principal Place of Business      Mailing Address  
 4131 UNIVERSITY BLVD. SOUTH #14      4131 UNIVERSITY BLVD. SOUTH #14  
 JACKSONVILLE, FL 32216      JACKSONVILLE, FL 32216

**DO NOT WRITE IN THIS SPACE**



01252004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2850391      Not Applicable

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

6. Name and Address of Current Registered Agent  
 KAUFMAN, BRUCE DDS  
 4131 UNIVERSITY BLVD. SOUTH #14  
 JACKSONVILLE, FL 32216

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAUFMANN, BRUCE
STREET ADDRESS	4131 UNIVERSITY BLVD SO.
CITY - ST - ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000022367  
 01/30/04-80041-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bruce Kaufmann DDS      Bruce Kaufmann      Date: 01-28-04      Daytime Phone #: 904-737-3662