

### 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J91171

Entity Name  
BRUCE L. KAUFMANN, D.D.S., P.A.



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

Mailing Address  
4131 UNIVERSITY BLVD. SOUTH #14  
JACKSONVILLE, FL 32216



04202006 No Chg-P CR2E034 (11/05)

## DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2850391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFMAN, BRUCE DDS  
4131 UNIVERSITY BLVD. SOUTH #14  
JACKSONVILLE, FL 32216

## DO NOT WRITE 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**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

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

000000538044  
05/09/06-80041-024 150.00

## DO NOT WRITE IN THIS SPACE

11. 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 I 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 information.

SIGNATURE: *Bruce Kaufmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-06 704-937-3664  
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