## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # K07530

1. Entity Name B & E DENTAL, P.A.



FILED Jan 23, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

8430 W BROWARD BLVD

8430 W BROWARD BLVD

STE 100

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PLANTATION, FL 33324 U

STE 100 PLANTATION, FL 33324 US



## DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0019957 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

AN, ROBERT SCOTT

6. Name and Address of Current Registered Agent

BLITMAN, ROBERT SCOTT 11020 NW 18 MANOR PLANTATION, FL 33322

## DO NOT WRITE IN THIS SPACE

	named entily submits this statement for the prions of registered agent.	urpose of changing its registere	d office or I	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable. (NOTE. Registered				gent signature required when rehetating) DATE		
	E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ang 🔲	\$5.00 May Be Added to Fees		
16. TITLE	OFFICERS AND DIREC	TORS				
name Street address City-St-Zip	BLITMAN, ROBERT SCOTT 11020 NW 18 MANOR FORT LAUDERDALE, FL 33322		_			
title Name	D EPSTEIN, MITCHELL					
STREET ADDRESS City-St-Zip	6184 GREENVIEW TERR BOCA RATON, FL 33433				#00000335480 01/26/06 80052-021 150.00	
title Name						
STREET ADDRESS City-St-Zip				DO	NOT WRITE	
TITLE NAME				IN .	THIS SPACE	
STREET ADDRESS City-St-Zip						
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP						

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:	Mittel Ente	Mitchell	Epstein	1/20/06	954474	כבג
	SIGNATURE AND TYPED ON PRINTED NAME OF SIGNIN	G OFFICER OR DIRECTOR		Date	Daytime Phone #	