FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90155 026 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K32121

1. Entity Name
JEROME B. PERLMUTTER, D.D.S., P.A.

50019208

Principal Place of Business	Mailing Address
JEROME B. PERLMUTTER D.D.S. P.A. 1975 SOUTH U.S. 1 FORT PIERCE, FL 34950 US	JEROME B. PERLMUTTER, D.D.S. P.A. 1975 SOUTH US 1 FORT PIERCE, FL 34950 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0069942 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
M & W AGENTS, INC 2101 CORPORATE BLVD. STE. 107 BOCA RATON, FL 33431	Name: Jerome B. Perlmutter Street Address (P.O. Box Number is Not Acceptable): 121 QUEEN EUGENIA COURT City: FT PIERCE FL Zip Code 34949-831

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 ✓ Jerome B. Perlmutter FEB. 25, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS PERLMUTTER, JEROME B. 1975 S US ONE FT PIERCE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P S T 1975 [redacted] SOUT H US 1 34950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERLMUTTER, KATHLEEN 1975 S US I FORT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jerome B. Perlmutter DDS PA Jerome B Perlmutter 2-22-05 772-466-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #