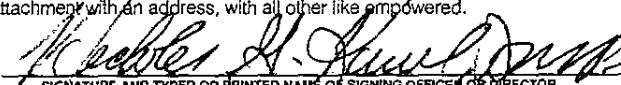


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # K74269 1. Entity Name NICHOLAS G. KALEEL, D.M.D., P.A.					
Principal Place of Business 555 N. CONGRESS AVE STE 303 BOYNTON BEACH FL 33426			Mailing Address 555 N. CONGRESS AVE STE 303 BOYNTON BEACH FL 33426		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0112676	
Zip		Country		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	
KALEEL, KENNETH M. 555 N CONGRESS AVE SUITE 301 BOYNTON BEACH FL 33426				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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	DPS KALEEL, NICHOLAS G. 555 NORTH CONGRESS AVENUE #303 BOYNTON BEACH FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000013901 01/27/04-80001-014 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KALEEL, NICHOLAS G. 555 NORTH CONGRESS AVE. BOYNTON BEACH FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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)(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: 			1-21-04 561-736-888 Date Daytime Phone #		