

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L15563

1. Entity Name
REGIONAL ASSOCIATES, INC.



Principal Place of Business

1708 N FEDERAL HWY
LAKE WORTH, FL 33460

Mailing Address

7805 S FLAGLER DR
W PALM BCH, FL 33405

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

D'ANGIO, ROBERT A., JR.
218 DATURA ST
WEST PALM BEACH, FL 33460

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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 constituting)

DATE

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	D
NAME	FEUER, DAVID D., D.D.S.
STREET ADDRESS	1708 N FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	D
NAME	ENDRUSCHAT, ALBERT J.DDS
STREET ADDRESS	1708 N FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	D
NAME	ADLER, MOSHE
STREET ADDRESS	1718 N FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	TS
NAME	DOBER, STANLEY M.D.
STREET ADDRESS	1718 N. FEDERAL HWY.
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	P
NAME	MARCADIS, ISAAC M.D.
STREET ADDRESS	1718 N. FEDERAL HWY
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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:

Isaac Marcadis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAAC MARCADIS 1/15/04 561 582 5494
Date Daytime Phone #