

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21303

FILED
Apr 17, 2004
Secretary of State

Entity Name: HOMESTEAD DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

909 N KROME AVE
HOMESTEAD, FL 33030 US

New Principal Place of Business:

Current Mailing Address:

18064 SENTINAL CIRCLE
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 65-0151394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPIT, ARTHUR L
18064 SENTINEL CIRCLE
BOCA RATON, FL 33496

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAPIT, ARTHUR L
Address: 18064 SENTINEL CIRCLE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: KAPIT, ARTHUR L
Address: 18064 SENTINEL CIRCLE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR L. KAPIT

DR.

04/17/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date