


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L42505
 1. Entity Name
SOUTH FLORIDA DENTAL ASSOCIATES, INC.



Principal Place of Business
**15200 JOG RD
 #301
 DELRAY BCH FL 33446
 US**

Mailing Address
**15200 JOG RD
 #301
 DELRAY BCH FL 33446
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0177589**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHECTER, BRETT DMD
 15200 JOG RD
 DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P SHECTER, BRETT 15200 JOG RD DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DEPLAZA, MARCELLE 15200 JOG RD #301 DELRAY BEACH FL 33446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Brett W. Shecter, DMD* **BRETT W. SHECTER, DMD.** 2/5/04 561-495-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #