


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L81584 1. Entity Name PETER A. RUBELMAN, D.D.S., P.A.	
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Principal Place of Business % PETER A. RUBELMAN, D.D.S. 951 NE 167 ST, SUITE 209 N MIAMI BEACH, FL 33162	Mailing Address % PETER A. RUBELMAN, D.D.S. 951 NE 167 ST, SUITE 209 N MIAMI BEACH, FL 33162
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RUBELMAN, PETER A., D.D.S. 951 NE 167 ST, SUITE 209 N MIAMI BEACH, FL 33162	DO NOT WRITE IN THIS SPACE
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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 reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBELMAN, PETER A., DDS 951 NE 167 ST N MIAMI BEACH, FL
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/17/04** (803) 652-2255