## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 10, 2005 08:00 AM Secretary of State DOCUMENT # M93975 1. Entity Name JEFFREY S. SIEGEL, D.D.S, P.A. Principal Place of Business Mailing Address C/O JEFFREY S. SIEGEL C/O JEFFREY S. SIEGEL 7280 W. PALMETTO PARK ROAD, SUITE 206 BOCA RATON FL 33433 7280 W. PALMETTO PARK ROAD, SUITE 206 BOCA RATON FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0072228 Not Applicable Zíp Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIEGEL, JEFFREY S 7280 W. PALMETTO PARK ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 206N BOCA RATON FL 33433 Zip Code FI 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 | 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable INOTE Hegistered Agent signature required when terretating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE DMV $\eta m_{\mathcal{F}}$ ☐ Delete ☐ Change ☐ Addition NAME SIEGEL, JEFFERY S U00000258411 03/10/05-80039-007 150.00 STREET ADDRESS 7280 W. PALMETTO PARK ROAD, SUITE 206N STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CHY-ST ZIP D THE ☐ Delete THE Change Addition NAME SIEGEL, JUDITH L MAM STREET ADDRESS 7280 W. PALMETTO PARK ROAD, SUITE 206N STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33433 CHY ST-ZIP BHEDelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TOTALE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHIY SI-ZIP CITY-ST ZIE ☐ Delete TITLE Change Addition NAME STREET ADDRESS SIMILET ADDRESS CUY-\$1.7(P CRY SE-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

ATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-05

561-395-8080

Daytime Phone #

FILED