2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000032135

1. Entity Name
DENNIS M. MORGENSTERN, P.A.



FILED Jul 12, 2004 08:00 AM Secretary of State

Principal Place of Business

4100 W KENNEDY BLVD STE 312 TAMPA, FL 33609 Mailing Address

3919 DORAL DRIVE STE 312

TAMPA, FL 33609



DO NOT WRITE IN THIS SPACE

07072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3639671

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGENSTERN, DENNIS M 3919 DORAL DRIVE TAMPA, FL 33634-7400

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the one of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	o il applicable [NOTE Registerod A	gent signature	required when reinstelling	- DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Finan Trust Fund Contribution.			mg 🗆	\$5.00 May 8e Added to Fees	In accordance with s. 607 193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTVS MORGENSTERN, DENNIS M 3919 DORAL DRIVE TAMPA, FL 336347400		######################################		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D MORGENSTERN, DENNIS M 3919 DORAL DRIVE TAMPA, FL 336347400				- 07/12/04-80022-019 150.00 —
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME SIREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					· _
TITLE NAME STREET ADORESS					-

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 path, 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

DENNIS M. MORGENSTERN

7 July 2004 (

(813) 597-3000