


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90033 025 \*\*\*150.00

<b>DOCUMENT # P00000091747</b>	
1. Entity Name <b>STEVEN R. CANTOR D.C., P.A.</b>	

Principal Place of Business <b>265 S. FED. HWY SUITE 340 DEERFIELD BEACH FL 33441</b>	Mailing Address <b>265 S. FED. HWY SUITE 340 DEERFIELD BEACH FL 33441</b>
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2. Principal Place of Business <b>950 NW 9 CT</b> Suite, Apt. #, etc.	3. Mailing Address <b>950 NW 9 CT</b> Suite, Apt. #, etc.
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City & State <b>BOCA RATON FL</b> Zip <b>33486</b> Country <b>US</b>	City & State <b>BOCA RATON FL</b> Zip <b>33486</b> Country <b>US</b>
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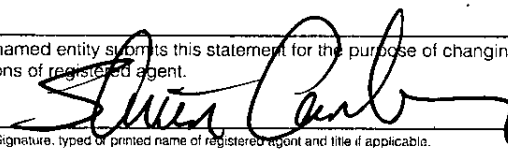


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>CANTOR, STEVEN R 265 S FED HWY #340 DEERFIELD BEACH FL 33441</b>	
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7. Name and Address of New Registered Agent Name <b>CANTOR, STEVEN R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>950 NW 9 CT</b> City <b>BOCA RATON</b> FL Zip Code <b>33486</b>	
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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  DATE \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR CANTOR, STEVEN R 265 S FED HWY #340 DEERFIELD BEACH FL 33441 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CANTOR, STEVEN R 950 NW 9 CT BOCA RATON FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **STEVEN R. CANTOR** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_