

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90100 011 ***150.00

DOCUMENT # P01000057090

1. Entity Name
LAGUNA ISLES DENTAL ASSOCIATES, P.A.



Principal Place of Business
19551 SHERIDAN AVE
PEMBROKE PINES, FL 33332

Mailing Address
19551 SHERIDAN AVE
PEMBROKE PINES, FL 33332

34060640



06162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3604225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SYED, NIGHAT DR.
19551 SHERIDAN ST
FORT LAUDERDALE, FL 33332

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SYED, NIGHAT DR.
STREET ADDRESS 2120 NW 191 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33029

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IN THIS SPACE**

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

Daytime Phone #

7-2-04 (954) 680-5552

Attachment

54060640

Laguna Isles Dental Associates, P.A.
19551 Sheridan Street
Pembroke Pines, FL 33332
Tel: (954) 680-5552

July 6th, 2004

Reinstatement Division
Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302

Ref: Request for Waiver of Reinstatement Penalty for DOC# P01000057090; Laguna Isles Dental Associates, P.A.

Dear Sir or Madam,

Following this cover letter please find the 2004 Uniform Business Report along with a check in the amount of \$150.00. We understand now that the filing deadline of May 1st, 2004 has passed, but had been awaiting the UBR report for modification from the Division of Corporations which never arrived.

Hence, we respectfully request that you accept the 2004 For Profit Corporation UBR along with this reinstatement request and waive the \$400.00 penalty due to not having received the initial report. We greatly appreciate your prompt and professional attention to this matter.

Very truly yours,

Nighat M Syed
Dr. Nighat M. Syed
President