

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111626

FILED
Apr 06, 2004
Secretary of State

Entity Name: BODEN/TUMMINIA DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

7730 BOYTON BEACH BLVD.
STE 6
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

7730 BOYTON BEACH BLVD.
STE 6
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 26-0033450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMARES, FERNANDO J ESQ.
3431 SW 107TH AVENUE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOLOVANI-TUMMINIA, KATHRYN
Address: 7730 BOYTON BEACH BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VPD () Delete
Name: BODEN, BRETT
Address: 7730 BOYTON BEACH BLVD.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN E KOLOVANI-TUMMINIA, D.M.D.

PD

04/06/2004

Electronic Signature of Signing Officer or Director

Date