

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000117353

1. Entity Name  
MARTIN WEXLER, D.D.S., P.A.



Principal Place of Business  
841 SE 8TH AVE  
DEERFIELD BEACH, FL 33441

Mailing Address  
841 SE 8TH AVE  
DEERFIELD BEACH, FL 33441

**DO NOT WRITE IN THIS SPACE**

06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1158574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  
WEXLER, MARTIN  
841 SE 8TH AVE  
DEERFIELD BEACH, FL 33441

7. 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	D
NAME	WEXLER, MARTIN
STREET ADDRESS	23108 L'HERMITAGE CIR
CITY-ST-ZIP	BOCA RATON, FL 33443
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

*Martin Wexler*

*7-13-04 (954-421-2122)*  
Date Daytime Phone #