


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000023673**

1. Entity Name  
**LAWRENCE O. POSEY DDS, PA**



Principal Place of Business      Mailing Address  
**572 E MCNAB ROAD**                      **572 E MCNAB ROAD**  
**POMPANO BEACH FL 33062**              **POMPANO BEACH FL 33062**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip                      Country                      Zip                      Country



MOORE      CR2E034 (11/03)

|  |  |  |          |                                       |
|--|--|--|----------|---------------------------------------|
| 4. FEI Number<br><b>61-1407620</b>   |  |  |          | Applied For                           |
|  |  |  |          | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                      |  |  |          | <b>\$8.75</b> Additional Fee Required |
| 6. Name and Address of Current Registered Agent                                |  | 7. Name and Address of New Registered Agent        |          |                                       |
| <b>FRIEDMAN, MARC</b><br><b>8634 NW 59TH PLACE</b><br><b>PARKLAND FL 33067</b> |  | Name   |          |                                       |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |          |                                       |
|  |  | City   |          |                                       |
|  |  | <b>FL</b>  | Zip Code |                                       |

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 \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | D<br>POSEY, LAWRENCE O<br>572 E MCNAB ROAD<br>POMPANO BEACH FL 33062 | TITLE   |   |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete                                      |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |  | TITLE   |   |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete                                      |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |  | TITLE   |   |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete                                      |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |  | TITLE   |   |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete                                      |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      |  | TITLE   |   |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
|                            | <input type="checkbox"/> Delete                                      |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

U00000060456  
02/23/04-80040-008 150.00

12. I hereby 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 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: *X Lawrence O. Posey DDS, PA*      2-3-04      954-785-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone if