

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90536 026 ***150.00

DOCUMENT # P02000095390

1. Entity Name
DENTAL ASSOCIATES OF THE PALM BEACHES, INC.



Principal Place of Business
**6815 S. DIXIE HWY
WEST PALM BEACH, FL 33405 US**

Mailing Address
**6815 S. DIXIE HWY
WEST PALM BEACH, FL 33405 US**

DO NOT WRITE IN THIS SPACE



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3870527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHERKINSKY, JORDAN M
6815 S. DIXIE HWY
WEST PALM BEACH, FL 33405**

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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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHERKINSKY, JORDAN M
6815 S. DIXIE HWY
WEST PALM BEACH, FL 33405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

Jordan M Cherkinsky DDS 4/1/04 561-585-8484