

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

08-03-2005 90063 045 \*\*\*150.00

DOCUMENT # P02000099810

1. Entry Name  
 KERI BASSUK, D.D.S., P.A.



Principal Place of Business  
 202 SE 23RD AVE.  
 BOYNTON BEACH, FL 33435

Mailing Address  
 3770 NEWPORT AVE  
 BOYNTON BEACH, FL 33436

50059656



2. Principal Place of Business  
 1708 N. Federal Hwy  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07072005 Chg-P CR2E034 (10/03)

City & State  
 Lake Worth FL  
 Zip 33460 Country USA

City & State  
 Zip Country

4. FEI Number  
 06-1649219  
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 BASSUK, PHILIP Keri  
 3770 NEWPORT AVE  
 BOYNTON BEACH, FL 33436

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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]* (NOTE: Registered Agent signature required when reinstating)  
 DATE: 7/25/05

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS |                         |                                 |
|----------------------------|-------------------------|---------------------------------|
| TITLE                      | P                       | <input type="checkbox"/> Delete |
| NAME                       | BASSUK, KERI            |                                 |
| STREET ADDRESS             | 3770 NEWPORT AVE        |                                 |
| CITY-ST-ZIP                | BOYNTON BEACH, FL 33436 |                                 |
| TITLE                      |                         | <input type="checkbox"/> Delete |
| NAME                       |                         |                                 |
| STREET ADDRESS             |                         |                                 |
| CITY-ST-ZIP                |                         |                                 |
| TITLE                      |                         | <input type="checkbox"/> Delete |
| NAME                       |                         |                                 |
| STREET ADDRESS             |                         |                                 |
| CITY-ST-ZIP                |                         |                                 |
| TITLE                      |                         | <input type="checkbox"/> Delete |
| NAME                       |                         |                                 |
| STREET ADDRESS             |                         |                                 |
| CITY-ST-ZIP                |                         |                                 |
| TITLE                      |                         | <input type="checkbox"/> Delete |
| NAME                       |                         |                                 |
| STREET ADDRESS             |                         |                                 |
| CITY-ST-ZIP                |                         |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|---|--|---|
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |
| TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |   |
| STREET ADDRESS  |  |   |
| CITY-ST-ZIP   |  |   |

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]* DATE: 7/25/05 DAYTIME PHONE #: 5015850039