


**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

City & State

Zip  
 33460

Country  
 USA

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  DATE 7/25/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BASSUK, KERI	3770 NEWPORT AVE	BOYNTON BEACH, FL 33436	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE 7/25/05 DAYTIME PHONE # 5015850039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #