

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90075 003 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000001668

1. Entity Name
SIDNEY C. ROSENTHAL, DMD, MSD, P.A.



Principal Place of Business
4300 BAYOU BOULEVARD, SUITE 11
PENSACOLA, FL 32503

Mailing Address
4300 BAYOU BOULEVARD, SUITE 11
PENSACOLA, FL 32503

50027898



02282005 Chg-P CR2E034 (10/03)

4. FEI Number
16-1650230

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERRETTI, THOMAS A
4300 BAYOU BOULEVARD, SUITE 11
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name
SIDNEY ROSENTHAL

Street Address (P.O. Box Number is Not Acceptable)

4300 BAYOU BOULEVARD, SUITE 11

City **PENSACOLA** **FL** Zip Code **32503**

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

3/16/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROSENTHAL, SIDNEY
4300 BAYOU BOULEVARD, SUITE 11
PENSACOLA, FL 32503

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

3/16/05