


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90014 047 ***150.00

DOCUMENT # P03000043151 1. Entity Name KATHY THEOPHILOPOULOS BOILLOT, DMD, P.A.			
Principal Place of Business 8142 WEST BROWARD BLVD. PLANTATION, FL 33324		Mailing Address P.O. BOX 816 TARPON SPRINGS, FL 34688	
2. Principal Place of Business 8142 West Broward Blvd.		3. Mailing Address 8142 West Broward Blvd.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33324		Zip 33324	
Country 		Country 	
4. FEI Number 54-2123304		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THEOPHILOPOULOS, JERRY S ESQ. 1247 SOUTH PINELLAS AVE. TARPON SPRINGS, FL 34689		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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P/V/T/S/D/C/M Kathy Theophilopoulos Boillot 4110 N.W. 11th Ct. Plantation, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1:19.07(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: Kathy Theophilopoulos Boillot SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/22/04 (954) 410-2384 Date Daytime Phone #	

44031310



Attachment



4/05/98
#P03000043151

Gary W. Freed, D.D.S.
Kathy Theo Boillot, D.M.D.
General & Cosmetic Dentistry

To Whom It May Concern :

I did not receive my annual report form
for my corporation in the mail. I would like to waive
the additional fee.

Thank you,
Kathy Theophilopoulos Boillot
Kathy Theophilopoulos^{Boillot}, D.M.D., P.A.