

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-03-2004 91226 021 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66426240



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|---|--------------------|---|---|--|--------------------------------------|
| DOCUMENT # P03000073252 | | | | | |
| 1. Entity Name RONALD L. ASKOWITZ, DDS, P.A. | | | | | |
| Principal Place of Business P O BOX 4363 HALLANDALE, FL 33308 | | | Mailing Address P O BOX 4363 HALLANDALE, FL 33308 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65028-4948 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS, FL 33410 | | | | 7. Name and Address of New Registered Agent Name Ronald Askowitz Street Address (P.O. Box Number is Not Acceptable) 404 N- FEDERAL HWY City Hallandale FL Zip Code 33009 | |
| 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: P. Ronald Askowitz DDS DATE: 04/30/04 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | TITLE | NAME |
| | ASKOWITZ, RONALD L | P O BOX 4363 | HALLANDALE, FL 33308 | | |
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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: P. Ronald Askowitz DDS. | | | Date: 04/30/04 | | Daytime Phone #: 954 458-2831 |