

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90017 044 ***150.00

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1. Entity Name
CHILDREN'S DENTAL PLACE OF DELRAY BEACH, INC.



Principal Place of Business
**22135 BRADDOCK PLACE
BOCA RATON, FL 33428**

Mailing Address
**22135 BRADDOCK PLACE
BOCA RATON, FL 33428**

2. Principal Place of Business
1555 S. CONGRESS

3. Mailing Address
9536 SAVONA WINDS DR



01202004 Chg-P CR2E034 (10/03)

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH, FL

4. FEI Number
31-1822854

Applied For
Not Applicable

Zip
33445

Country

Zip
33446-9751

Country

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

6. Name and Address of Current Registered Agent.

**HERMAN, MICHELLE
22135 BRADDOCK PLACE
BOCA RATON, FL 33428**

**HERMAN, MICHELLE
9536 SAVONA WINDS DR
DELRAY BEACH, FL
33446-9751**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HANDEL, MICHELLE S.**
CITY - ST - ZIP **20401 STATE RD #7 BAY G-14
BOCA RATON, FL 33498**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HERMAN, JOSEPH L.**
CITY - ST - ZIP **6702 NORTH UNIVERSITY DR.
TAMARAC, FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 supplement thereto 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 assignee 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 #