


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90012 003 ***150.00

DOCUMENT # P03000093026	
1. Entity Name BURTON P. GOLUMBIC, DDS, PA	

Principal Place of Business 3376 WOODS EDGE CIRCLE, STE. 101 BONITA SPRINGS, FL 34134	Mailing Address 3376 WOODS EDGE CIRCLE, STE. 101 BONITA SPRINGS, FL 34134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07152004 Chg-P CR2E034 (10/03)



4. FEI Number 30-0199039		Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLUMBIC, BURTON P DDS 3376 WOODS EDGE CIRCLE, STE. 101 BONITA SPRINGS, FL 34134	
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
Due by September 8, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BURTON P. GOLUMBIC 3376 WOODS EDGE CIRCLE SUITE 101 BONITA SPRINGS, FL 34134 <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	V. PRESIDENT SAME <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	SECRETARY SAME <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	TREASURER SAME <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 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: BURTON P. GOLUMBIC 7/22/04 (239) 998-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Burton P. Columbic, DDS



General, Restorative, and Aesthetic Dentistry

44050448

#P03000093026

7/26/04

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
--PO-Box 6327--
TALLAHASSEE, FL 32314

DEAR SIR/MADAM,

THANK YOU FOR YOUR LETTER. ENCLOSED
IS THE COMPLETED ANNUAL/UNITED STATES BUSINESS REPORT
YOU HAVE REQUESTED.

THANK YOU VERY MUCH FOR YOUR
ASSISTANCE.

Sincerely,

Mr. Burton Columbic

Attachment

Burton P. Golumbic, DDS

44050448



General, Restorative, and Aesthetic Dentistry

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

Re: Burton P. Golumbic, DDS, PA
Doc # P03000093026
3376 Woods Edge Circle, Ste. 101
Bonita Springs, FL 34134-3435

Dear Sir/ Madame:

My Corporation received your notice of intent to dissolve for non-payment of my annual fee. This is the first year we have been incorporated and we missed the postcard sent earlier this year calling for payment of \$150. We moved here to Florida last fall and were new and unaware of this requirement.

For the above reason, we respectfully request you waive the \$400 penalty for this year only. We will make all future payments in a timely manner. I have enclosed a check for \$150.

Thank you for your kind consideration in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Burton P. Golumbic, DDS".

Burton P. Golumbic, DDS
President