

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000001338	
1. Entity Name ELAINE KLEIN, D.D.S., P.A.	

Principal Place of Business 7400 N KENDALL DRIVE STE 619 MIAMI FL 33156	Mailing Address 7400 N KENDALL DRIVE STE 619 MIAMI FL 33156
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent KLEIN, ELAINE 7400 N KENDALL DR STE 619 MIAMI FL 33156	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEIN, ELAINE 7400 N KENDALL DRIVE STE 619 MIAMI FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: *X Elaine Klein, DDS* Elaine Klein, DDS 2-24-05 305-670-0641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #