

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90355 046 ***150.00

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DOCUMENT # P93000002581 1. Entity Name KAREN G. GLERUM, D.D.S., P.A.					
Principal Place of Business 3521 W. BOYNTON BCH. BLVD. BOYNTON BCH., FL 33436				Mailing Address 3521 W. BOYNTON BCH. BLVD. BOYNTON BCH., FL 33436	
2. Principal Place of Business 2300 South Congress Avenue Suite, Apt. #, etc. Suite 110 City & State Boynton Beach, FL Zip 33426 Country USA		3. Mailing Address 2300 South Congress Avenue Suite, Apt. #, etc. Suite 110 City & State Boynton Beach, FL Zip 33426 Country USA		03162005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0379198				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 GLERUM, KAREN G 3521 W. BOYNTON BCH. BLVD. BOYNTON BCH., FL 33436	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2300 South Congress Avenue Suite 110 City Boynton Beach FL Zip Code 33426				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 2300 South Congress Avenue Suite 110 Boynton Beach, FL 33426	
NAME	GLERUM, KAREN G		NAME		
STREET ADDRESS	3521 W. BOYNTON BCH. BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH., FL 33436		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Karen G. Glerum, DDS</i>				3/16/05 56-374-8922	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	