2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 23 AM 8:00

DOCUMENT # P93000029145

1. Entity Name
BARRY S. SCHOLL, D.D.S., P.A.

Principal Place of Business	Mailing Address
815 N.W. 57TH AVENUE SUITE 344 MIAMI, FL 33126	9741 S.W. 147TH STREET MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

02022004 No Chg-P CR2E034 (10/03) MRD

4. FEI Number
59-2076173
☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

SCHOLL, BARRY S
815 N.W. 57TH AVENUE
SUITE 344
MIAMI, FL 33126

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6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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	PDT
NAME	SCHOLL, BARRY S
STREET ADDRESS	9741 S.W. 147TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	SCHOLL, ROSALIE E
STREET ADDRESS	9741 S.W. 147TH STREET
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100029955031
03/05/04-01030--008 **150.00

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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 _____ X 2-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #