

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90041 013 ***150.00

DOCUMENT # P93000081682

1. Entity Name

RICHARD D. SALZMANN, D.M.D., P.A.



Principal Place of Business

3157 NORTH UNIVERSITY DRIVE
SUITE 100
PEMBROKE PINES FL 33024
US

Mailing Address

3157 NORTH UNIVERSITY DRIVE
SUITE 100
COOPER CITY FL 33026
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0454026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALZMANN, RICHARD D
3157 N UNIVERSITY DR
SUITE 100
PEMBROKE PINES FL 33024

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

1/31/2005

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SALZMANN, RICHARD D
CITY-ST-ZIP 10470 BUENOS AIRES ST
COOPER CITY FL 33026

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS SALZMANN, MARTHA
CITY-ST-ZIP 10470 BUENOS AIRES ST
COOPER CITY FL 33086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Richard D. Salzmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2005

Date

(954) 435-1102

Daytime Phone #