2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P94000001573

1. Entity Name

WEST BOCA DENTAL ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
22053 SR 7￼BOCA RATON FL 33428	22053 SR 7￼BOCA RATON FL 33428

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt #, etc	Suite, Apt #, etc.		
City & State	City & State	4. FEI Number 65-0481999	Applied For / Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WASSERMAN, ALAN G￼C/O GRUBER AND ASSOCIATES, P.A.￼22053 SR 7￼BOCA RATON FL 33428	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
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 PTD￼NAME WASSERMAN, ALAN G￼STREET ADDRESS 22053 STATE RD 7￼CITY-ST-ZIP BOCA RATON FL 33428	☐ Delete	TITLE￼NAME￼STREET ADDRESS￼CITY-ST-ZIP	U00000322440￼04/22/05--80012-023 150.00	☐ Change	☐ Additi
TITLE VSD￼NAME WASSERMAN, JACQUELINE F￼STREET ADDRESS 22053 STATE RD 7￼CITY-ST-ZIP BOCA RATON FL 33428	☐ Delete	TITLE￼NAME￼STREET ADDRESS￼CITY-ST-ZIP		☐ Change	☐ Additi
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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)(l), 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: _____ Dr. Alan G. Wasserman   4/19/05   561-477-950(

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #