## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031354

Entity Name: KENNETH A. MOGELL, D.M.D., P.A.

7050 W. PALMETTO PARK RD #52

City-St-Zip: BOCA RATON, FL 33434

Address:

FILED Sep 06, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
SUITE 52,		PARK ROAD OPS OF BOCA 33			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 52,		PARK ROAD OPS OF BOCA 33			
FEI Number	: 65-0504324	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address of	New Registered Agent:	
	SCAR CKELL AVENU 33131 US	E			
	named entity e of Florida.	submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ager	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MOGELL, KEN	) Delete NETH A D.M.D. ETTO PK RD GARDEN SHOPS OF BO FL 33433	Name:	( ) Change ( ) Addition	
Title:	SEC (	) Delete	Title:	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH A. MOGELL, DMD PRES 09/06/2005