

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90225 018 \*\*\*\*88.75  
 06-17-2005 90004 037 \*\*\*\*61.25  
 07-27-2005 90047 049 \*\*\*150.00

**DOCUMENT # P94000033326**

1. Entity Name

JERROLD B. RESNICK, D.M.D., P.A.



Principal Place of Business

6450 CENTRAL AVENUE  
 ST PETERSBURG FL 33707

Mailing Address

6450 CENTRAL AVENUE  
 ST PETERSBURG FL 33707

00037902



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 **59-3254303**

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

ENGLANDER, LEONARD S  
 5959 CENTRAL AVE  
 SUITE 201  
 ST PETERSBURG FL 33710

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 \_\_\_\_\_ (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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESNICK, JERROLD B	NAME	
STREET ADDRESS	6450 CENTRAL AVE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33707	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jerrold B Resnick Date: 7/18/05 Daytime Phone #: 727-377-6450

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

6/17/2005-90004-037-\$61.25-\$61.25

DOCUMENT # P94000033326

1. Entity Name  
Jerrold B. Resnick, DMD. PA



ATTACHMENT  
50057902

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6450 Central Ave

3. Mailing Address  
Same

Suite, Apt. #, etc.

City & State  
St Petersburg, FL

City & State

Zip  
33707

Country  
USA

4. FEI Number  
59-3254303

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Englander Leonard S

Street Address (P.O. Box Number Not Acceptable)  
721 1st Ave N

City  
St. Petersburg FL

Zip Code  
3371001

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 reappointing) DATE \_\_\_\_\_

**FEE IS \$61.25 Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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	

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerrold B Resnick Jerrold B. Resnick 6/14/05 727-347-6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

ATTACHMENT

~~50057902~~  
# P94 000633326

**Jerrold B. Resnick, D.M.D., P.A.**  
**Vivian Quesada-Fox, D.M.D.**

6450 Central Avenue  
St. Petersburg, Fl. 33707  
727-347-6450

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL, 32314

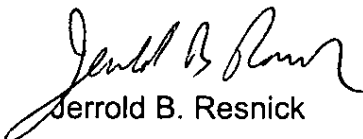
Glenda Hood  
Secretary of State

Dear Ms. Hood,

When I realized I had not received my annual reporting form for my corporation, I called to have a form sent to me. Apparently, the wrong one was sent, and I just automatically filled it out without noticing the error. Then I received the correct form and returned it with a check for the difference, as I was instructed to do by your office. They told me the penalty would be waived this one time.

I hope this explanation satisfies my debt. I have been diligent about this form for the last 15 or so years.

Thanks for your consideration,

  
Jerrold B. Resnick