

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90057 002 ***150.00

DOCUMENT # P94000047833

1. Entity Name
KENNETH C. SPRECHMAN D.D.S., P.A.



Principal Place of Business
**1100 S.W. ST LUCIE W BOULEVARD
SUITE 205
PORT S. LUCIE, FL 34986 US**

Mailing Address
**1100 S.W. ST. LUCIE W. BLVE
SUITE 205
PORT ST. LUCIE, FL 34986 US**

40013649



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0517232

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

**SPRECHMAN, STEVEN B ESQ
GLENDALE FEDERAL BANK BLDG
18305 BISCAYNE BLVD SUITE 213
NORTH MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name **Steven B. Sprechman, Esq.**
Street Address (P.O. Box Number is Not Acceptable)

2775 Sunny Isles Blvd Suite 100

City **Miami**

FL

Zip Code **33160**

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)

1/20/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SPRECHMAN, KENNETH C**
STREET ADDRESS **1100 S.W. ST. LUCIE W. BLVE, SUITE 204**
CITY-ST-ZIP **PORT ST. LUCIE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/05