

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000013907

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: GABOR BODNAR, D.M.D., P.A.

## Current Principal Place of Business:

4640 N. FEDERAL HWY.  
SUITE E  
FT. LAUDERDALE, FL 33308

## New Principal Place of Business:

## Current Mailing Address:

4640 N. FEDERAL HWY.  
SUITE E  
FT. LAUDERDALE, FL 33308

## New Mailing Address:

FEI Number: 65-0560189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BODNAR, GABOR D.M.D.  
4640 N. FEDERAL HWY.  
SUITE E  
FT. LAUDERDALE, FL 33308 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BODNAR, GABOR D.M.D.  
Address: 4640 N. FEDERAL HWY., SUITE E  
City-St-Zip: FT. LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: BODNAR, GABOR D.M.D.  
Address: 4640 N. FEDERAL HWY., SUITE E  
City-St-Zip: FT. LAUDERDALE, FL 33308

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: GABOR BODNAR

DR

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date