

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000066215**  
1. Entity Name  
ULISES A. GUZMAN, DDS P.A.



Principal Place of Business      Mailing Address  
2525 EMBASSY DR SOUTH      2525 EMBASSY DR SOUTH  
SUITE 1      SUITE 1  
COOPER CITY, FL 33026      COOPER CITY, FL 33026



**DO NOT WRITE IN THIS SPACE**

08152005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0602461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
GUZMAN, ULISES A  
2525 EMBASSY DR. SOUTH  
SUITE 1  
HOLLYWOOD, FL 33026

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IN THIS SPACE**

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 re-registering)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, ULISES A 2525 EMBASSY DRIVE SOUTH COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000376828  
08/22/05-B0006-022 150.00

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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)(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:** Ulises A. Guzman      8-15-05      954 430-3444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Ulises A. Guzman DDS / President