
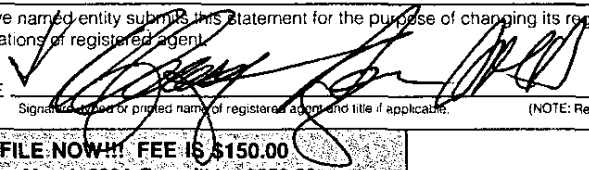
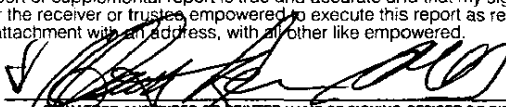


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90023 028 ***150.00

DOCUMENT # P95000089899 1. Entity Name HENRY ROZEN, D.M.D, P.A.			
Principal Place of Business 7440 WILES ROAD CORAL SPRINGS FL 33067		Mailing Address 7440 WILES ROAD CORAL SPRINGS FL 33067	
2. Principal Place of Business 9154 Wiles Rd Suite, Apt. #, etc.		3. Mailing Address 9154 Wiles Rd Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs Florida	
Zip 33067	Country USA	Zip 33067	Country USA
4. FEI Number 65-0631864		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROZEN, HENRY 7440 WILES ROAD CORAL SPRINGS FL 33067		7. Name and Address of New Registered Agent Name Henry Rozen Street Address (P.O. Box Number is Not Acceptable) 9154 Wiles Rd City Coral Springs FL Zip Code 33067	
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  DATE 2-6-04 <small>Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS ROZEN, HENRY 7440 WILES ROAD CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9154 Wiles Road Coral Springs, FL 33067	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9154 Wiles Road Coral Springs, FL 33067	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	9154 Wiles Road Coral Springs, FL 33067	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 2-6-04 Daytime Phone # (954) 7558828	