

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90014 025 \*\*\*150.00

**DOCUMENT # P95000091803**

1. Entity Name  
ORTHODONTIX, INC.



Principal Place of Business  
1428 BRICKELL AVENUE  
SUITE 105  
MIAMI, FL 33131

Mailing Address  
1428 BRICKELL AVENUE  
SUITE 105  
MIAMI, FL 33131

40007760



**DO NOT WRITE IN THIS SPACE**

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0643773

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HALPRYN, GLENN  
1428 BRICKELL AVENUE  
SUITE 105  
MIAMI, FL 33131

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
NAME SILVER, NOAH  
STREET ADDRESS 1428 BRICKELL AVENUE SUITE 105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE TDCF  
NAME WEISBERG, ALAN JAY  
STREET ADDRESS 2500 N MILITARY TRAIL SUITE 220  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE PSD  
NAME HALPRYN, GLENN  
STREET ADDRESS 1428 BRICKELL AVE STE 105  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

Glenn L. Halpryn, PSD

01/12/05

(305) 371-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #