

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000000977

1. Entity Name

MICHAEL D. FLAX, DDS, MS, P.A.



Principal Place of Business

2929 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

Mailing Address

2929 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065



05252005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0640571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLAX, MICHAEL D DDS
2929 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

**DO NOT WRITE
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
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
FLAX, MICHAEL D DDS
2929 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

TITLE
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U00000368495
05/31/05-80003-015 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Flax MICHAEL FLAX D 5/25/05 954-252-2200