
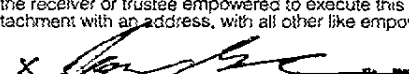


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000011692</b> 1. Entity Name <b>JON EVAN GLASER, D.D.S., P.A.</b>																													
Principal Place of Business <b>1700 WEST WOOLBRIGHT RD SUITE 2 BOYNTON BEACH FL 33426 US</b>			Mailing Address <b>1700 WEST WOOLBRIGHT RD SUITE 2 BOYNTON BEACH FL 33426 US</b>																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number <b>65-0638817</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applied																									
6. Name and Address of Current Registered Agent  <b>GLASER, JON E 1700 W WOOLBRIGHT ROAD SUITE 2 BOYNTON BEACH FL 33426</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																									
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 restate) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>																													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				10. OFFICERS AND DIRECTORS																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>GLASER, JON E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1700 W WOOLBRIGHT ROAD STE #3</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOYNTON BEACH FL 33426</td> <td></td> </tr> </table>		TITLE	D	Delete <input type="checkbox"/>	NAME	GLASER, JON E		STREET ADDRESS	1700 W WOOLBRIGHT ROAD STE #3		CITY - ST - ZIP	BOYNTON BEACH FL 33426		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">U00000014748</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Add <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>01/27/04-80034-021 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	U00000014748	Change <input type="checkbox"/> Add <input type="checkbox"/>	NAME	01/27/04-80034-021 150.00		STREET ADDRESS			CITY - ST - ZIP		
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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.																													
<b>SIGNATURE: X</b>  <b>JON E. GLASER</b> <b>PRESIDENT</b> <b>1/22/04</b> <b>561-737 3200</b>																													