2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State
05-12-2005 90247 031 ***150.00

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1. Entity Name
DEBORAH YASKIN, D.M.D. P.A.

50051920

Principal Place of Business	Mailing Address
5104 ~~6654~~ CORTEZ RD BRADENTON, FL 34210	PO BOX ~~14908~~ 14460 BRADENTON, FL 34280

01132005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0764453	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

YASKIN, DEBORAH
530 KEY ROYALE DR
BRADENTON, FL 34210

Debbie Yaskin
524 71st.
Holmes Beach, FL
34217

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: _____   DATE: _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	YASKIN, DEBRA
STREET ADDRESS	P O BOX ~~14908~~ 14460
CITY-ST-ZIP	BRADENTON, FL 34280

TITLE	D
NAME	YASKIN, DEBRA
STREET ADDRESS	P O BOX ~~14908~~ 14460
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TITLE	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   1-13-05   941-792-3321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #