

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000068392

1. Entity Name
THEODORE J. SEITLES, D.M.D., P.A.



Principal Place of Business
1301 W BOYNTON BCH BLVD
SUITE 5
BOYNTON BEACH, FL 33426 US

Mailing Address
3559 NW 61ST CIRCLE
BOCA RATON, FL 33496



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0774728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEITLES, THEODORE J
3559 NW 61ST CIRCLE
BOCA RATON, FL 33496

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SEITLES, THEODORE J
STREET ADDRESS 3559 NW 61ST CIRCLE
CITY - ST - ZIP BOCA RATON, FL 33496

TITLE DS
NAME SEITLES, ANNETTE
STREET ADDRESS 3559 NW 61 CIRCLE
CITY - ST - ZIP BOCA RATON, FL 33496

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1100000048807
02/12/04-80094-022 150.00

**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

THEODORE J. SEITLES 561-9732-8665

Date

Daytime Phone #