

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90186 019 \*\*\*150.00

**DOCUMENT # P97000069863**

1. Entity Name

DR. DAVID J. DORFMAN, D.C., P.A.



Principal Place of Business

5450 STATE ROAD 7  
FORT LAUDERDALE, FL 33314

Mailing Address

5450 STATE ROAD 7  
FORT LAUDERDALE, FL 33314

44047406



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0776514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DORFMAN, LENORE S  
4126 INVERRAR BLVD  
APT 2808  
LAUDERDALE, FL 33314

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
DORFMAN, DAVID J  
210 CAPTAINS WALK 714  
DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Attachment*  
44047432

*Barry J. Staum*  
*Certified Public Accountant*

1515 University Drive  
Suite 115  
Coral Springs, FL 33071  
Phone: (954) 344-3662  
Fax: (954) 340-6859

Florida Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

July 2, 2004

To Whom It May Concern:

**RE: Dr. David Dorfman - Document #97000069863**

I am writing this letter on behalf on my client, Dr. David Dorfman, in regards to the Annual Report. Enclosed is a replacement Annual Report and a replacement check for the Annual Report for 2004, which I originally mailed on or around April 14, 2004.

I believe that the postal service failed to deliver the document and check. Could you kindly waive the late fee of \$400.00 and file the report with the \$150.00?

Thank you in advance for your help in this matter.

Respectfully submitted,

*Barry Staum CPA*

Barry Staum, CPA

For Dr. David Dorfman

Enclosure

*Attached*  
*# 97000069863*  
*44047432*



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## NOTICE OF INTENT TO DISSOLVE

0104417 01 AV 0.176 \*\*AUTO T2 1 1203 33314-644299



DR. DAVID J. DORFMAN, D.C., P.A.  
5450 STATE ROAD 7  
FORT LAUDERDALE FL 33314-6442