2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # P97000073417 1. Entity Name THEODORE M. STRAUSS, D.D.S., P.A. Principal Place of Business Mailing Address 511 NE 20TH ST BOCA RATON FL 33431 887 BUTTONWOOD DR BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State 4. FEI Number Applied For City & State 65-0784451 Not Applicab Zφ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRAUSS, MADELYN Street Address (P.O. Box Number is Not Acceptable) 887 BUTTONWOOD DRIVE **BOCA RATON FL 33432** Zip Code City 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, types in present name of registered agent and two it apparative (NOTE Rogisk red Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May B: 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ And?!! TITLE U00000491121 HILL ☐ Delete MAME NAME STRAUSS, THEODORE M 04/19/06-80009-022 150.00 STREET ADDRESS 887 BUTTONWOOD DR STREET ADDRESS BOCA RATON FL 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Chappe ☐ Delete RILE THE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP City-St-IIP ☐ Change □标端 ☐ Delete TITLE TIRLE NAME HANT STREET ADDRESS STHEET ADDRESS CHY-SI-ZIP CITY-ST- AP ☐ Change ☐ Delete Agg dur HRE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-719 CITY-ST-ZIP Change FT Addition Delete TITLE NAME NAME STREET ACIDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP Dolete ☐ Change ☐ Adding RRCE IIIS.E NAME NAME STREET ADDRESS STREET ADDRESS EITY-ST-ZP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 curporation 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 PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE

3/28/06

FILED