


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000043769</b> 1. Entity Name <b>ROBERT ERIC HENNER, D.D.S., P.A.</b>	
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Principal Place of Business <b>840 US HWY. 1</b> <b>N. PALM BCH, FL 33408</b>	Mailing Address <b>840 US HWY. 1</b> <b>N. PALM BCH, FL 33408</b>
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02082004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0836959</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENNER, ROBERT E  
840 US HWY. 1  
N. PALM BCH, FL 33408

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 re-filing) \_\_\_\_\_ 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

U00000059947  
02/29/04-80020-005 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PDVS
NAME	HENNER, ROBERT E
STREET ADDRESS	840 US HWY. 1
CITY - ST - ZIP	N. PALM BCH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** X \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 2/17/04 Daytime Phone #: 561-626-8300