

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000044668

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: MICHAEL J. KONZELA, D.D.S., P.A.

## Current Principal Place of Business:

706 WEST BOYNTON BEACH BLVD., STE. 105  
BOYNTON BEACH, FL 33426

## New Principal Place of Business:

706 WEST BOYNTON BEACH BLVD.  
SUITE 105  
BOYNTON BEACH, FL 33426

## Current Mailing Address:

706 WEST BOYNTON BEACH BLVD., STE. 105  
BOYNTON BEACH, FL 33426

## New Mailing Address:

706 WEST BOYNTON BEACH BLVD.  
SUITE 105  
BOYNTON BEACH, FL 33426

FEI Number: 65-0840889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KONZELA, MICHAEL J DDS  
706 W BOYNTON BEACH BLVD  
STE 105  
BOYNTON BEACH, FL 33426 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete  
Name: KONZELA, MICHAEL J DDS  
Address: 706 W BOYNTON BEACH BLVD, #105  
City-St-Zip: BOYNTON BEACH, FL 33426 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J KONZELA, DDS

DR

01/12/2005

Electronic Signature of Signing Officer or Director

Date