


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90069 039 ***150.00

DOCUMENT # P98000063472 1. Entity Name MAZZEI ORTHODONTICS, P.A.																													
Principal Place of Business 7301-A WEST PALMETTO PARK ROAD STE 104C BOCA RATON, FL 33433			Mailing Address 7301-A WEST PALMETTO PARK ROAD STE 104C BOCA RATON, FL 33433																										
2. Principal Place of Business 9387 W. Sample Rd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Coral Springs, FL		City & State		4. FEI Number 65-0859266 16-1685076																									
Zip 33065-4101		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TANNER, LEWIS R 7301-A WEST PALMETTO PARK ROAD SUITE 104C BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
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02272004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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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:

Leanne Mazzei, DDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2004

Date

(561)391-5126

Daytime Phone #