

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90008 010 ***150.00

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1. Entity Name

HERMAN DENTAL ENTERPRISES, INC.



Principal Place of Business

6702 N UNIVERSITY DRIVE
TAMARAC, FL 33321

Mailing Address

6702 N UNIVERSITY DRIVE
TAMARAC, FL 33321



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0897840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MITTELBERG, BARRY S
2417 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

**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	PT
NAME	HERMAN, JOSEPH L
STREET ADDRESS	6702 N UNIVERSITY DRIVE
CITY- ST- ZIP	TAMARAC, FL 33321

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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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 #