
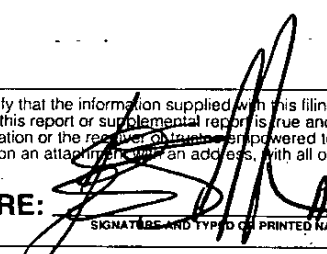


2005 FOR-PROFIT-CORPORATION- ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90276 013 ***150.00

DOCUMENT # P98000097918						
1. Entity Name JOSEPH L. HERMAN, DDS, P.A.						
Principal Place of Business 6702 N. UNIVERSITY DRIVE TAMARAC, FL 33321			Mailing Address 6702 N. UNIVERSITY DRIVE TAMARAC, FL 33321			
2. Principal Place of Business: 1555 S Congress Ave Suite, Apt. #, etc.			3. Mailing Address 1555 S Congress Ave Suite, Apt. #, etc.			
City & State DelRAY Bch, FL 33445 Zip: 33445 Country: USA		City & State DelRAY Bch, FL 33445 Zip: 33445 Country: USA		4. FEI Number 65-0884230		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable		
6. Name and Address of Current Registered Agent MITTELBERG, BARRY S 2417 UNIVERSITY DRIVE CORAL SPRINGS, FL-33071			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 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, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, JOSEPH L 6702 N. UNIVERSITY DRIVE TAMARAC, FL 33321		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dentist Herman, Joseph L 1555 S Congress Ave DelRAY Beach, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 manager 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:  Joseph L. Herman 3-3-05 361-279-4080						

50022942



02252005 Chg-P CR2E034 (10/03)