2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P99000016928  1. Entry Name					Feb 23, 2004 08:00 AM Secretary of State				
BENJAMI	N M. GOLDBERG, DMD, P./	<b>4.</b>							
Principal Place of Business		Mailing Address							
5770 WILES RD. CORAL SPRINGS FL 33087		5770 WILES RD. CORAL SPRINGS FL 33067							-
2. Principal Place of Business		. 3. Mailing Address							
Suite, Apt. #. etc		Suite, Apt. #, etc.				MOORE	CR2E034	(11/03)	
City & State		City & State			4. FEI Nu	65-090387	5	<del>- 1 `</del>	plied For Applicable
Zip	Country	Zip	Country		5. Certific	cate of Status Desired		\$8.75 Add Fee Regulred	
	6. Name and Address of Current	Registered Agent		I	7. Name	and Address of New F	legistered /	gent	
GOLDBERG, BENJAMIN M									·
5770 WILES RD. CORAL SPRINGS FL 33067				et Address (F	P.O. Box Nu	imber is Not Acceptable	e) 		
-			City				FI	Zip Code	€
8. The above	named entity submits this statement for	or the purpose of changing its	registered offic	e or registere	ed agent, or	both, in the State of Fl	orida. I am	' I familiar with,	and accept
the obligat	tions of registered agent.						-		
SIGNATURE	Signalura, typea or printed name of registered agon	and when adultable (NOT)	Magistared Agent	benduje regulenge	when remstating		DATE	21-0	
F	ILE NOW!!! FEE IS \$150.00		<u> </u>	-					
Afte	r May 1, 2004. Fee will be \$550.00 k Payable to Florida Department of				9.	Election Campaign Fil Trust Fund Contribution			O May Be I to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIO	INS/CHANGES TO OFF	ICERS AND		
TIRE NAME	D GOLDBERG, BENJAMIN M	☐ Delete	TITLE NAME	***************************************		UQ0000063	เละก	Change	Addition
STREET ADDRESS	5770 WILES RD.		STREET ADDR	ess		02/23/04-801	.59-006	150.00	
CITY-ST-ZIP	CORAL SPRINGS FL 33067		CITY-SI-ZIP						
TITLE NAME		☐ Delete	kille Name					☐ Change	☐ Addition
STREET ADDRESS			STREET ADDR	ess					
CITY-ST-ZIP		<u></u>	CHTY-ST-ZIP				<del>_</del>	- -	-
TITLE		☐ Delete	title Name					☐ Change	☐ Addition
STREET ADDRESS			STREET AOOR	ess					
CITY-ST-ZIP			CITY+ST-ZIP						
TITLE NAME		☐ Delete	TEBLE MARKE					Change	☐ Addition
STREET ADDRESS			SIREET AODR	ess					
CITY-ST-ZIP			CHY-ST-ZIP						
HILE		☐ Delete	TALE					☐ Change	Addition Addition
NAME SIREET ADDRESS			name Street addr	rss l					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			<del></del>		Change	Addition
NAME proces pagases			MAME STOSET ADDO	cee					
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	Loo					
12. Thereby	Lertify that the information supplied wit	th this filing does not qualify fo	r the exemption	stated in Se	ction 119.0	7(3)(i), Florida Statutes.	I further cer	tify that the in	formation
indicated of the co	I on this report or supplemental report reporation or the receiver or trustee emp , or on an attachment with an address,	is true and accurate and that t nowered to execute this report	my signature sr t as required by	all have the s	same tenat i	exact as it made under	Call Linds	an an unice	Ut UHECIUI

**FILED** 

2-21-04 954 255-5162