

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90028 042 ***150.00

DOCUMENT # P99000039810					
1. Entity Name MORRIS, SKLAVER, MESTRE & DENNEY, M.D., P.A.					
Principal Place of Business 7353 NW 4TH STREET PLANTATION, FL 33317			Mailing Address 7353 NW 4TH STREET PLANTATION, FL 33317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0916457	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKLAVER, ALLEN R 7353 NW 4TH STREET PLANTATION, FL 33317			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 _____ (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. ☐ \$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	P SKLAVER, ALLEN 7353 NW 4TH STREET PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SKLAVER, ALLEN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, JAMES 7353 NW 4TH STREET PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, MICHELE 7353 NW 4TH STREET PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MESTRE, ALBERTO 7353 NW 4TH STREET PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition MESTRE, ALBERTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNEY-REID, CAROLYN 7353 NW 4TH ST. FORT LAUDERDALE, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, DANIEL 7353 NW 4TH ST PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ 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 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: _____ 3/22/05 9545846320					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					