

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90025 050 ***150.00

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01032005 Chg-P CR2E034 (10/03)

DOCUMENT # S05677 1. Entity Name MARSHA S. EISENBERG, D.M.D., P.A.			
Principal Place of Business 30 NE 3rd Street 800 EAST BROWARD BLVD 701 FT. LAUDERDALE, FL 33301 US		Mailing Address 800 E BROWARD BLVD 701 FT LAUDERDALE, FL 33301 US	
2. Principal Place of Business 30 NE 3rd St. Suite, Apt. #, etc.		3. Mailing Address 30 NE 3rd St Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL Zip 33301 Country USA		City & State Fort Lauderdale, FL Zip 33301 Country USA	
4. Name and Address of Current Registered Agent EISENBERG, MARSHA S DMD 800 E BROWARD BLVD SUITE 701 FT. LAUDERDALE, FL 33301		5. FEI Number 65-0362638 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EISENBERG, MARSHA S DMD 800 E BROWARD BLVD SUITE 701 FT. LAUDERDALE, FL 33301		Name Eisenberg, Marsha S. D.M.D. Street Address (P.O. Box Number is Not Acceptable) 30 NE 3rd St City Fort Lauderdale FL Zip Code 33301	
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 <u><i>Marsha S. Eisenberg</i></u> (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 EISENBERG, MARSHA S. 800 E BROWARD BLVD., STE 701 FT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: <u><i>Marsha S. Eisenberg</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/19/05</u> Daytime Phone # <u>954 4163-7262</u>	

Please note change of address