


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S23410 1. Entity Name EMMANUEL PLATIS, D.M.D., P.A.					
Principal Place of Business 1050 NW 15 STR STE 202 BOCA RATON FL 33486 US		Mailing Address 1050 NW 15TH ST. STE. 202 BOCA RATON FL 33486 US			
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 65-0237312 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLATIS, DR. EMMANUEL 748 COVENTRY ST. BOCA RATON FL 33487			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May P Trust Fund Contribution: <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
NAME	PLATIS, EMMANUEL	NAME	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
STREET ADDRESS	798 COVENTRY ST.	STREET ADDRESS	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
CITY- ST- ZIP	BOCA RATON FL	CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
TITLE	<input type="checkbox"/> Delete	TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
NAME		NAME	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
STREET ADDRESS		STREET ADDRESS	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
CITY- ST- ZIP		CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
TITLE	<input type="checkbox"/> Delete	TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
NAME		NAME	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
STREET ADDRESS		STREET ADDRESS	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
CITY- ST- ZIP		CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
TITLE	<input type="checkbox"/> Delete	TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
NAME		NAME	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
STREET ADDRESS		STREET ADDRESS	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
CITY- ST- ZIP		CITY- ST- ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Add </div>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Emmanuel Platis</u> 1/25/05 561-391-666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



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