2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2004 08:00 AM Secretary of State **DOCUMENT # V07282** NANCY S. GREENBARG, D.M.D., P.A. Principal Place of Business Mailing Address 337 SE 7TH ST **337 SE 7TH ST** DANIA FL 33004 DANIA FL 33004 01312004 No Chg-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0305961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GREENBARG NANCY S DO NOT WRITE 337 SE 7TH ST **DANIA, FL 33004** IN THIS SPACE 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. CATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when rematating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing U00000032482 Trust Fund Contribution. Added to Fees <u>02/05/04-80006-002_150.00</u> OFFICERS AND DIRECTORS 10. TITLE GREENBARG, NANCY S. NAME 337 SE 7TH ST STREET ADDRESS **DANIA, FL 33004** CITY-ST-ZIP 3 157 F NAME STREET ADDRESS CAY-ST-ZP TITLE MAME STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 epopt 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.

CTY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OF