

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # V13120

1. Entity Name

I. MARVIN ERNST, D.D.S., P.A.



Principal Place of Business

POINT PLAZA SHOPPING CTR  
7150 NOB HILL RD  
TAMARAC, FL 33321

Mailing Address

POINT PLAZA SHOPPING CTR  
7150 NOB HILL RD  
TAMARAC, FL 33321



07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0310427

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMADO, RICHARD  
7101 W. MCNAB ROAD, STE #201  
TAMARAC, FL 33321

**DO NOT WRITE  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ERNST, MADELYN
STREET ADDRESS	9080 NW 15TH ST
CITY-ST-ZIP	PLANTATION, FL
TITLE	T
NAME	ERNST, LEONARD
STREET ADDRESS	3301 ARUBA
CITY-ST-ZIP	COCONUT CREEK, FL
TITLE	PTS
NAME	ERNST, MARVIN I
STREET ADDRESS	9080 NW 15TH ST.
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11000000371637  
07/08/05-80014-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I. MARVIN ERNST, PRESIDENT

Date

Daytime Phone #

7-1-05 9547220360