

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **468128** (4)

95 JUN 30 AM 9: 21

1. Corporation Name  
**MARVIN E. BLUM, D.D.S., P.A.**

Principal Place of Business      Mailing Address  
**2331 N. STATE ROAD 7  
SUITE 109  
LAUDERHILL FL 33313**      **2331 N. STATE ROAD 7  
SUITE 109  
LAUDERHILL FL 33313**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted      3a. Date of Last Report  
**01/02/1975**      **04/27/1994**

4. FEI Number      Applied For  
**59-1567426**       **Not Applicable**

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 169.032 Florida Statutes       Yes       No

21. Principal Place of Business	22. Mailing Address
22. State Apt # etc	27. State Apt # etc
23. City & State	28. City & State
24. Zip	29. Zip
25. County	30. County

9. Name and Address of Current Registered Agent

**BLUM, MARVIN E.  
2331 N. STATE ROAD 7  
SUITE 109  
LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0540 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of designating its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *(Signature)*

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	<b>WEISS, LEONARD</b>
STREET ADDRESS	<b>2331 N. STATE RD 7</b>
CITY, ST, ZIP	<b>LAUDERHILL FL</b>
TITLE	S
NAME	<b>MOSKOWITZ MICHAEL</b>
STREET ADDRESS	<b>800 CORPORATE DR STE 510</b>
CITY, ST, ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes, or is specifically listed with an address.

SIGNATURE:

*(Signature)*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

*6/26/95*      *205/733-7002*  
DATE      TELEPHONE #