

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **516010** (6)
1. Corporation Name
ENDODONTIC ASSOCIATES OF BREVARD, P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1980 N. ATLANTIC AVE **1980 N. ATLANTIC AVE**
SUITE 905 **SUITE 905**
COCOA BEACH FL 32901 **COCOA BEACH FL 32901**

3. Date Incorporated or Qualified **10/04/1976** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-1694816** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

WIDEMAN, FRED H.
1980 N. ATLANTIC AVE
SUITE 905
COCOA BEACH FL

10. Name and Address of New Registered Agent

81 Name **John R. Kancilia**
82 Street Address (P.O. Box Number is Not Acceptable) **516 N. Harbor City Blvd.**
83
84 City **Melbourne** FL 85 Zip Code **32935**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed name of registered agent and fee 4 applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PV
NAME	WIDEMAN, FRED H.
STREET ADDRESS	21 SLOOP DR
CITY - ST - ZIP	COCOA BEACH FL
TITLE	ST
NAME	SCHIFF, BRAD L.
STREET ADDRESS	472 LANTERN BACK ISLAND DR.
CITY - ST - ZIP	SATELLITE BCH FL
TITLE	D
NAME	SIMONS, JAVIER
STREET ADDRESS	829 OAK PARK DR.
CITY - ST - ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE	PV	☒ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE	ST	☒ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual 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 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 1/10/95