FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 600421 (2)

1. Corporation Name
SOUTHEAST FLORIDA DENTAL GROUP, P.A.

Principal Place of Business	Mailing Address
12900 N.E. 17TH AVENUE SUITE 500 NORTH MIAMI FL 33181	12900 N.E. 17TH AVENUE SUITE 500 NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1968

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

AGRON, NORTON H.
12900 NE 17TH AVENUE #500
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: Grumet, Robert
82 Street Address (P.O. Box Number is Not Acceptable): 12900 NE 17th Avenue, #500
83
84 City: North Miami FL 85 Zip Code: 33181

11. Pursuant to the provisions of Section 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: Robert Grumet 2/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MEISELMAN,BARRY		1.2 NAME	Herskowich, David	
STREET ADDRESS	12900 NE 17TH AVE #500		1.3 STREET ADDRESS	12900 NE 17th Avenue, #500	
CITY-ST-ZIP	N. MIAMI FL		1.4 CITY-ST-ZIP	N. Miami, FL	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	AGRON, NORTON		2.2 NAME	Grumet, Robert	
STREET ADDRESS	12900 NE 17TH AVE #500		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRANT, LAWRENCE		3.2 NAME		
STREET ADDRESS	12900 NE 17TH AVE #500		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEVINSON, MARVIN		4.2 NAME		
STREET ADDRESS	12900 NE 17TH AVE #500		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRUMET, ROBERT		5.2 NAME		
STREET ADDRESS	12900 NE 17TH AVE #500		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ZIONTS, DAVID		6.2 NAME		
STREET ADDRESS	12900 NE 17 AV #500		6.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 if changed or added by an attachment with an address.

SIGNATURE: Robert Grumet Robert Grumet 2/10/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9259875