

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 640683

(9)

1. Corporation Name

STEVEN A. SUTNICK, D.M.D., P.A.

Principal Place of Business

**400 ARTHUR GODFREY RD.
SUITE 500
MIAMI BEACH FL 33140-3516**

Mailing Address

**400 ARTHUR GODFREY RD.
SUITE 500
MIAMI BEACH FL 33140-3516**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

08/29/1979

3a. Date of Last Report

07/15/1994

4. FEI Number

59-1934006

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**

6. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. # etc.

State, Apt. # etc.

City & State

City & State

23

28

City Country

City Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUTNICK, STEVEN
400 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140**

81 Name

82 Street Address (P.O. Box Number, Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required under Section 607, Florida Statutes. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of registered agent I am familiar with, and accept the delegation of Section 607 (2)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

APR

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	PD SUTNICK, STEVEN
2. STREET ADDRESS	400 ARTHUR GODFREY RD.
3. CITY, STATE, ZIP	MIAMI BCH FL
4. NAME	S
5. STREET ADDRESS	SUTNICK, BETTY ANN
6. CITY, STATE, ZIP	400 ARTHUR GODFREY RD.
7. NAME	MIAMI BCH FL
8. NAME	
9. STREET ADDRESS	
10. CITY, STATE, ZIP	
11. NAME	
12. STREET ADDRESS	
13. CITY, STATE, ZIP	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	
18. STREET ADDRESS	
19. CITY, STATE, ZIP	

1. NAME		☐ Change ☐ Addition
2. STREET ADDRESS		
3. CITY, STATE, ZIP		
4. NAME		☐ Change ☐ Addition
5. STREET ADDRESS		
6. CITY, STATE, ZIP		
7. NAME		☐ Change ☐ Addition
8. STREET ADDRESS		
9. CITY, STATE, ZIP		
10. NAME		☐ Change ☐ Addition
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. NAME		☐ Change ☐ Addition
14. STREET ADDRESS		
15. CITY, STATE, ZIP		
16. NAME		☐ Change ☐ Addition
17. STREET ADDRESS		
18. CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 135.03(1)(b), Florida Statutes. I further certify that the information is true and correct to the best of my knowledge and belief, 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 business organization to which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE:

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

[Signature]
4-21-95

Exp

Expire Date