

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

CORPORATION OF STATE
 ANNUAL REPORT
 1995

G08313

FILED

95 MAY 30 PM 4: 08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G 68313**
 1. Corporation Name
ROBERT GETZ, DDS, PA

Principal Place of Business Mailing Address
**1776 N. Pine Island Rd
 Plantation, FL 33322** **1776 N. Pine Island Rd Suite 300
 Plantation, FL 33322**

5-30 DO NOT WRITE IN THIS SPACE.
 3. Date Incorporated or Qualified **10/1/83** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suits, Apt. #, etc.		26 Suits, Apt. #, etc.		59-2326021		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Getz, Robert 1776 N. Pine Island Rd Suite 300 Plantation, FL 33322				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 600001508516 -06/08/95--01067--008			
				84 City ***583.75 FL ***200.00			

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 *Robert Getz* DATE **5/22/95**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		P/Dir		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		Getz, Robert		12 NAME			
STREET ADDRESS		1776 N. Pine Island Rd Suite 300		13 STREET ADDRESS			
CITY - ST - ZIP		Plantation, FL 33322		14 CITY - ST - ZIP			
TITLE				21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				22 NAME		600001508516	
STREET ADDRESS				23 STREET ADDRESS		-06/08/95--01067--008	
CITY - ST - ZIP				24 CITY - ST - ZIP		***200.00 ***200.00	
TITLE				31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY - ST - ZIP				34 CITY - ST - ZIP			
TITLE				41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE				51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE				61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME		Kwm	
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 CITY - ST - ZIP		90-95/ARs	

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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *Robert Getz* DATE **5/28/95** (305) 472-2755