

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # K11276 (8)

1. Corporation Name
DR. NEAL BRUCE WALDMAN, D.D.S., P.A.

Principal Place of Business: **801 S. FEDERAL HWY., #105 DELRAY BEACH FL 33483**
Mailing Address: **801 S. FEDERAL HWY., #105 DELRAY BEACH FL 33483**



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

3. Date Incorporated or Qualified	3a. Date of Last Report
01/07/1988	02/13/1995
4. FEI Number	Applied For
65-0024038	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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

**WALDMAN, NEAL BRUCE, DR
330 S.W. 6TH AVE.
BOCA RATON FL 33433**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.08(1) and 607.15(1)(b), Florida Statutes, I hereby certify that the above name for registration is the 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 607.08(1)(b), Florida Statutes.

SIGNATURE

Signature of the current registered agent

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALDMAN, NEAL BRUCE DR.	
STREET ADDRESS	42 HARBOUR DR S	
CITY- ST- ZIP	OCEANRIDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

14. I do hereby certify that the information supplied in this filing is true, correct and does not apply to the corporation under Section 119.07(1)(c), Florida Statutes. I further certify that the information included on this annual report is complete and true, correct and does not apply to the corporation under Section 119.07(1)(c), Florida Statutes. I further certify that I am an officer or director of the corporation or the registered business entity and that the information reported as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NEAL B. WALDMAN D.D.S., P.A.

✓ 3-29-96 407-272-2424

CR2E034 (12/95)