

FROM : ELLIOT FRANKLIN PA

FAX NO. : 5616420332

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

Oct 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # R11276
1. Corporation Name
~~NEAL B WALDMAN DDS~~
DR. NEAL BRUCE WALDMAN, D.D.S., P.A.

Principal Place of Business Mailing Address
825 DONALD ROSS RD
Juno Bch FL 33408 SAME

21. Principal Place of Business
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1988

4. FEI Number
65-0024038

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

8. Name and Address of Current Registered Agent
NEAL BRUCE WALDMAN
825 DONALD ROSS RD
Juno Beach FL 33408

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 88 Zip Code

14. Pursuant to the provisions of Sections 607.0502 and 607.1206, 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 _____ DATE _____
(NOTE: Registered Agent Signature required when registering)

18. OFFICERS AND DIRECTORS

TITLE PD NAME NEAL B WALDMAN DELETE
STREET ADDRESS 6568 WOODLAKE RD
CITY-ST-ZIP JUPITER FL 33458

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 18

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
900002657609
-10/07/98--01041--035
\$550.00

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(c), 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 on an attachment with an address.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

CR25034 (10/97)