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

PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # 1. Corporation Name

P93000040050 (5)

CARV & MALIENAAN D.D.C.

GAHT	o Kaurman, D.D.S., P.A.									
Principal Place of Business Mailing Address							1 HODILBOK 310 HOHOD HANK QOHIL DOHIK O	4111 00 311 0 161	BAILL BAIN	i 81911 8811 1881
3695 W BOYNTON BEACH BLVD SUITE 7 BOYNTON BEACH FL 33436		SUITE 7	3695 W BOYNTON BEACH BLVD SUITE 7 BOYNTON BEACH FL 33436					aponing or dissert to compare to		
							Date Incorporated or Qualified 06/01/1993	3a. Date 06	of Last Re /09/199	
2. Principa' Pla	ice of Business	2a. Mailing Address				4.	FEI Number			Applied For
Suite, Apt. #	f ptc	Suite, Apt. #, etc.								Not Applicable Additional
22	., 0.0	27				5.	Certificate of Status Desired		-	Required
City & State		City & State	City & State			6.	Election Campaign Financing		\$5.0	0 May Be
23		28				ļ	Trust Fund Contribution			d to Fees
Zφ 24	Country 25	Zip 29	ր <u>├</u> ր ՝			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ▼ Yes □ No				
241	9. Name and Address of Current		1301			10	Name and Address of New R		Agent	
				81	Name			3		
FELDMAI	N, JOEL H			82	Stroot Addro	/P	O. Box Number is Not Acceptable			
	EDERAL HWY			02	Street Addre	355 V	. C. DOX Marriber is Mot Acceptable			
SUITE 20	7-D			83						
BOCA RA	ATON FL 33431			84	Crty				85 Zır	p Code
11. Pursuant t or register familiar wil	o the provisions of Sections 607.0502 and agent, or both, in the State of Floridan, and accept the obligations of. Section	and 607.1508, Florida Statu i. Such change was authori n 607.0505. Florida Statute	tes, the aborzed by the c	ve-n orpo	amed corpora oration's board	ation s d of d	submits this statement for the purp irectors. Thereby accept the appo	FL pose of cha pintment as	nging its r registered	egistered office Lagent, Lam
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	-							
	Signature, typied or printed name of registered agent a			Agent	signature required	where re		DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		T		ADDITIONS/CHANGES TO OFFI			
TILE			1 1 11					L	Change	Addition
NAME STREET ADDRESS	KAUFMAN, GARY S 3695 W BOYNTON BEACH BL'	In chite 7	1.2 NA		ADDOCECE.					
CITY-S1-ZIF	BOYNTON BEACH FL 33436	IU SUITE I			ADDRESS					
TATLE	VP D	[□] DELETE	2.1 TITLE		1 - 211				Change	Addition
NAME	ANDYEW GOLDRING		2 2 NA				_			
STREET ADDRESS	3695 W. Bayn Tan Bet	ich Blud	2 3 ST	REET.	ADDRESS					
C:TY-ST-ZIP	BOYNTON BEACH, F	1 33436	2.4 CI	Y-\$	r - ZIP					
TITLE	,	☐ DELETE	3 1 11	î.E				C	Change	Addition
NAME			3 2 NA	ME						
STREET ADDRESS			33 \$1	HEET	ADDRESS					
C(1Y-S1-7)P		- Freeze	3 4 CI		I - ZIF					
TILE		☐ DELETE	4 1 TI					L.	Change	☐ Addition
NAME			4.2 NA							
STREET ADDRESS					ADDRESS					
CIY-SI Z-P			4.4 CITY - ST - ZIP					Change	Addition	
NAME	☐ DELETE			5 1717LE 5 2 NAME				L	J orientige	☐ Vegition
STREET ADDRESS					ADDRESS.					
CITY - ST - ZiP					ADDRESS 7 7 D					
TITLE		☐ DELETE	5.4 CIT						Change	Addition
NAME			6.2 NA					L	go	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6 4 CII							İ
4 4 1 1 1 1 1 1 1 1 1		an agraduation and construction						07140.41.1 571		

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNALUAE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2-27-96 401-732-6638