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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 27 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000079333 (8)

1. Corporation	R DENTAL ASSOCIATES, F	P.A.	,		())
Principal Place of Business Mailing Address				T LOOKING HE INTELLEMENT OFFICE DEFIN GOIST OF	TIN DERING ANIMAN DICAN BEORN EFEK FINDE
2 SE 6 AVE DELRAY BCH FL 33483 US US 2 SE 6 AVE DELRAY BCH FL 33483 US US				DO NOT WRITE IN THIS SPACE	
05		ŲS		3. Date Incorporated or Qualified	
<u>}</u>	•			10/28/1994	
2. Principal Place of Business 2a. Ma		2a. Mailing Address	***************************************	4. FEI Number	Applied For
21		26		65-0529202	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	ne current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	int Registered Agent		10. Name and Address of New Regist	ered Agent
FIS	HER, RONALD M		81 Name		
1501 S.E. 23RD AVENUE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
POMPANO BEACH FL 33062			83	SE 6 Ave	
			63		
			84 City D	elrax Beach	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	utes, the above-named o	corporation submits this statement for the purp	
office or i	registered agent, or both, in the Stat im familiar with, and accept the obli	e of Florida. Such change was pations of, Section 607,0505. F	s authorized by the corpo Florida Statutes.	corporation submits this statement for the purporation's board of directors. I hereby accept the	e appointment as registered
SIGNATURE		g			
SIGNATORIE	Signature, typed or printed name of registered a		OTE: Registered Agent signature r		PATE
12		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TeTLE	D	☐ DELETE	1,1 TITLE		Change Addition
NAME	FISHER, RONALD M		1.2 NAME	avilla d'Este	Llay
STREET ADORESS	% 20971 AVENEL RUN	-	1.3 STREET ADDRESS	7730 Villa d'Este Delray Beach, FL	23/19/1113.23
CITY - ST - ZIP	BOCA RATON FL 33428-122	OELETE	1.4 CITY - ST - ZIP	verray beach, FL	Change Addition
TITLE		□ otten	2.1 TITLE	,	C creatife C Montour
NAME DEDECT ADDRESS	:		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		1.25	3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	——————————————————————————————————————	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.