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Jan 29, 1999 8:00am

**Secretary of State** 

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000047672

1. Corporation Name

MIRO KENDALL DENTAL OFFICE P.A.

					_			' Harria dian rasa
Principal Plac	e of Business	Mailing	Address			- 10031005 119 10111 10311 40111 19311 63111	• • • • • • • • • • • • • • • • • • • •	10010 1001 1001
780 NORTHWEST LEJEUNE ROAD 780 NORTHWEST LEJEUN SUITE 516 SUITE 516 MIAMI FL 33126 MIAMI FL 33126			16	E ROAD		DO NOT WRITE IN THIS SPACE		
	•	***************************************				3. Date Incorporated or Qualifed		
						05/30/1997		
2. Principal F	Place of Business ,	2a. Mail	ling Address			4. FEI Number	A	plied For
21		26				65-0758456	No	ot Applicable
Suite, Apt	#, etc.	Suite	e, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional
22		27				o. Germanic of Grands Desired	Fee Re	equired
City & Sta	te	City	& State			6. Election Campaign Financing	\$5.00	May Be
23	<u></u>	28				Trust Fund Contribution	Added	to Fees
— Zịp	Country Zip		<u></u>	Country		8. This corporation owes the current year Intangible		
24	.  25	29	3(	0]		Personal Property Tax.	Yes '	□No
	9. Name and Address of Curre			81	Name	10. Name and Address of New Registe	erea Agent	
AME	ERILAWYER CHARTERED	72 12 A 2 2 2	. 4	L.	Hamo			
343 ALMERIA AVENUE			•	82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
	RAL GABLES FL 33134			83		1 45 355 10 10 15 455 5 475 8 600 7 475 120 3 5 10 10 10 10 10 10 10 20 20 3 3 3 3 5 10	ga orierat approprieso 22 Ptg/101188 Biblio	5516 41 15 41 64 516 41 51 15 41
(*) (*)				100	<u>'</u>			
	• •			84	City	<u>िर्मातिक को उसी विकास विक्री है।</u>	85 Zip	Code
44 Duminon	to the provisions of Sections 607.05	02 and 607 15	00 Florida Statutas	the show	o named corn	and in a charite this state west for the surre		
office or	registered agent, or both, in the State	e of Florida. Su	ich change was auth	, the abov norized by	the corporation	oration submits this statement for the purpo- on's board of directors. I hereby accept the a	se of changing its ippointment as re	gistered
Min Agent. I a	im familiar with, and accept the oblig	ations of, Secti	ion 607.0505, Florida	a Statutes	S.			
SIGNATURE	Signature, typed or printed name of registered ag		WOTE 5			d when reinstating): DAT	<u>.                                    </u>	
12.	<del></del>	ND DIRECTOR	<del></del> -	13.	nt signature required	ADDITIONS/CHANGES TO OFFICER		PS IN 12
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•			DELETE	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1	ST-ZIP		· .	☐ Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exception 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 any 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 trusted 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 a stachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP