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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000107053 (5)

1. Corporation Name
YOLANDA CINTRON, D.M.D., P.A.

Principal Place of Business	Mailing Address
1901 SOUTH OCEAN BLVD. UNIT 302 BOCA RATON FL	1901 SOUTH OCEAN BLVD. UNIT 302 BOCA RATON FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1997

2. Principal Place of Business	2a. Mailing Address
21 2021 E. Commercial Blvd Ste 208	26 2021 E. Commercial Blvd
22 Suite, Apt. #, etc Ft Lauderdale FL	27 Suite, Apt. #, etc. Suite 208
23 City & State	28 City & State Ft Lauderdale FL
24 Zip 33308 25 Country USA	29 Zip 33308 30 Country USA

4. FEI Number 65 08 02993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CINTRON, YOLANDA DMD 1901 SOUTH OCEAN BLVD. UNIT 302 BOCA RATON FL	81 Name: Yolanda Cintron DMD P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 2021 E. Commercial Blvd suite 208 83 84 City: Ft Lauderdale FL 85 Zip Code: 33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: Yolanda Cintron DATE: 3/25/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CINTRON, YOLANDA	1.2 NAME	
STREET ADDRESS	1901 SOUTH OCEAN BLVD. UNIT 302	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-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	200002553042
STREET ADDRESS		6.3 STREET ADDRESS	-06/05/98--01074--006
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

14. I hereby 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.

SIGNATURE: Yolanda Cintron DMD DATE: 3/25/98

CR2E034 (10/97)