

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra P. Morman

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 603572

(9)

1. Corporation Name

FRANKLIN M. BOYAR, D.M.D., P.A.

Principal Place of Business

715 NE 3 AVE
P.O. BOX 1497
DELRAY BEACH FL 33444

Mailing Address

715 NE 3 AVE
P.O. BOX 1497
DELRAY BEACH FL 33444



3. Date of Incorporation or Qualification

06/13/1972

3a. Date of Last Report

03/20/1995

4. FEI Number

59-1405078

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 has liability for intangible tax under s. 194.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BOYAR, FRANKLIN M.
715 NE 3 AVE
DELRAY BEACH FL 33444

81 Name

82 Street Address, P.O. Box Number, Not Applicable

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 601.0602 and 601.1702, 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 601.0602, Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of Secretary of State

Date

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

BOYAR, FRANK

STREET ADDRESS

715 NE 3 AVE

CITY-STATE-ZIP

DELRAY BEACH FL

TITLE

D

☐ DELETE

NAME

BOYAR, LYNNE

STREET ADDRESS

1015 SEASAGE DRIVE

CITY-STATE-ZIP

DELRAY BEACH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not pertain to the exceptions stated in Section 119.07(3)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or both, or I am authorized to execute this statement on behalf of the corporation, and that my name appears in Block 12 or Block 13 of this change of registered office or agent statement.

SIGNATURE:

Franklin M. Boyar M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

(407) 276-2020

CR2E034 (12/95)