

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

FILED

Feb 10 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000054133 (8)**

1. Corporation Name

**SHALOM AMSELEM, DDS, P.A.**

Principal Place of Business

**4935 SARAZEN DRIVE  
HOLLYWOOD FL 33021**

Mailing Address

**4935 SARAZEN DRIVE  
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/18/1997**

2. Principal Place of Business

2a. Mailing Address

**21 1001 Ives Dairy Rd**

**26 Same**

4. FEI Number

**650768684**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 # 103**

**27**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 North Miami Beach FL**

**28**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

**24 33179**

**25 USA**

**29**

**30**

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

**AMSELEM, SHALOM DDS  
4935 SARAZEN DRIVE  
HOLLYWOOD FL 33021**

81 Name

**AMSELEM SHALOM DDS**

82 Street Address (P.O. Box Number is Not Acceptable)

**1001 Ives Dairy Rd #103**

83

84 City

**North Miami Beach**

**FL**

85 Zip Code

**33179**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **AMSELEM, SHALOM DDS**  
STREET ADDRESS **4935 SARAZEN DRIVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Amselem Shalom DDS**  
1.3 STREET ADDRESS **1001 Ives Dairy Rd #103**  
1.4 CITY-ST-ZIP **North Miami Beach FL 33179**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-98**

**(205)**

**6523412**

CR2E034 (10/97)