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Apr 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 458993 (3)
1. Corporation Name
KUTTLER, GLICKSMAN, MARS & GRAND DENTAL, P.A.

Principal Place of Business Mailing Address
2797 NE 207 ST 2797 NE 207 ST
N MIAMI BCH. FL 33180 N MIAMI BCH. FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1974

4. FEI Number

59-1546423

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

AVENTURA, FL

24

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

AVENTURA, FL

29

Zip

30

Country

9. Name and Address of Current Registered Agent

KUTTLER, MILES E., D.M.D., P.A.
2797 NE 207TH ST
N MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name

DR RICK A MARS

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

2797 NE 207 STREET

83

84 City

AVENTURA

85 FL

Zip Code

33180

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 607.0503, Florida Statutes.

SIGNATURE

Dr. Rick Mars
Signature, typed or printed name of registered agent and title if applicable

Pres. DR. RICK MARS, PRES
(NOTE: Registered Agent signature required when reinstating)

3/27/98
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME KUTTLER, MILES
STREET ADDRESS 2797 NE 207TH ST
CITY-ST-ZIP N MIAMI BCH. FL

TITLE SD ☒ DELETE

NAME KUTTLER, MILES
STREET ADDRESS 2797 NE 207TH ST
CITY-ST-ZIP N MIAMI BCH. FL

TITLE VPS ☐ DELETE

NAME GLICKSMAN, JOEL DDS
STREET ADDRESS 2797 NE 207TH ST
CITY-ST-ZIP N MIAMI BCH FL

TITLE VPT ☐ DELETE

NAME MARS, RICK A DDS
STREET ADDRESS 2797 NE 207TH ST
CITY-ST-ZIP N MIAMI BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

Dr. Rick Mars
Signature, typed or printed name of registered agent and title if applicable

CR2E034 (10/97)