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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90085 045 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H00855**

1. Corporation Name
LAWRENCE T. GRAND, D.D.S., P.A.



Principal Place of Business Mailing Address
~~8001 SW 129TH TERRACE MIAMI FL 33156 US~~
~~13740 S.W. 74TH AVENUE MIAMI FL 33158~~

DO NOT WRITE IN THIS SPACE

11670 S.W. 91 Terrace
 Miami, Florida 33176-1060

3. Date Incorporated or Qualified
04/26/1984

4. FEI Number
59-2402846

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 11670 S.W. 91 Terrace **26 11670 S.W. 91 Terrace**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 Miami, Florida **28 Miami, Florida**

Zip Country Zip Country
24 33176-1060 25 USA **29 33176-1060 30 USA**

9. Name and Address of Current Registered Agent
WEISSMAN, DAVID R.
9200 S. DADELAND BLVD.
SUITE 508
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85 Zip Code**
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GRAND, LAWRENCE T.	
STREET ADDRESS	13740 SW 74TH AVE	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11670 S.W. 91 Terrace
1.4 CITY-ST-ZIP	Miami, Florida 33176-1060
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Lawrence T. Grand, D.D.S., P.A.* Date: *Jan 21, 1999* Daytime Phone #: *305 412-9556*

CR2E034 (11/98)