

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 458703

(6)

1. Corporation Name

NORMAN GORBACK, D.D.S., P.A.



Principal Place of Business

7420 N.W. 5TH STREET
PLANTATION FL. 33317-1611

Mailing Address

7420 N.W. 5TH STREET
PLANTATION FL. 33317-1611

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

GORBACK, NORMAN
7420 N.W. 5TH STREET
PLANTATION FL.

81

Name

82

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

83

84

City

FL

85

Zip Code

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. Thereby accept the appointment as registered agent. I am further willing and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE PD	1.1 TITLE ☐ Change ☐ Addition
2. NAME GORBACK, NORMAN R.	2. NAME
3. STREET ADDRESS 7420 N.W. 5TH ST.	3. STREET ADDRESS
4. CITY-STATE-ZIP PLANTATION FL.	4. CITY-STATE-ZIP
5. TITLE S	5.1 TITLE ☐ Change ☐ Addition
6. NAME GORBACK, NORMAN R.	6. NAME
7. STREET ADDRESS 7420 N.W. 5TH ST.	7. STREET ADDRESS
8. CITY-STATE-ZIP PLANTATION FL.	8. CITY-STATE-ZIP
9. TITLE ☐ DELETE	9. TITLE ☐ Change ☐ Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY-STATE-ZIP	12. CITY-STATE-ZIP
13. TITLE ☐ DELETE	13. TITLE ☐ Change ☐ Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY-STATE-ZIP	16. CITY-STATE-ZIP
17. TITLE ☐ DELETE	17. TITLE ☐ Change ☐ Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY-STATE-ZIP	20. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5.1 TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

DATE

DATE

CR2E034 (12/95)