

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

FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name	511730 SOUTH MIAMI DENTAL ASSOCIATES PA 7311 SW 62 AVE SOUTH MIAMI FL 33145
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Principal Place of Business	Mailing Address
SAME AS ABOVE	SAME AS ABOVE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 9/1/76 3a. Date of Last Report 59-169333S 4. FEI Number 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. 199.032, Florida Statutes ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent RICHARD FEDER 7311 SW 62 AVE SOUTH MIAMI FL 33145	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Section 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]* DATE **5-19-97**

12. OFFICERS AND DIRECTORS 1 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 2 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 3 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 4 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 5 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP 6 TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
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14. I do hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information disclosed 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. 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 or Block 14 as an attached person with an address.

SIGNATURE: *[Signature]* **4/30/97** **305** **667 2633**