

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 543682 (9)

1. Corporation Name

S. COE, D.D.S. & C. KARA, D.M.D., P.A.

Principal Place of Business

1433 SOUTH PATRICK DRIVE
INDIAN HARBOR BEACH FL 32937

Mailing Address

1433 SOUTH PATRICK DRIVE
INDIAN HARBOR BEACH FL 32937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1758855	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	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

COE, SHELDON
1433 SOUTH PATRICK DRIVE
INDIAN HARBOR BEACH FL 32937

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

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 reinstating)

DATE

OFFICERS AND DIRECTORS

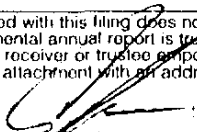
12.	TITLE	PD	☒ DELETE
	NAME	COE, SHELDON	
	STREET ADDRESS	1433 S PATRICK DRIVE	
	CITY-ST-ZIP	INDIAN HRBR BCH FL	
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	1.1 TITLE	PD	☒ Change ☐ Addition
	1.2 NAME	KARA, CRAIG	
	1.3 STREET ADDRESS	1433 S. PATRICK DR.	
	1.4 CITY-ST-ZIP	INDIAN HARBOR BEACH FL	
	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:



3-12-98 (467) 777-2981

CR2E034 (10/97)