

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **546774** (1)

1. Corporation Name

**MARTIN KRAIDIN, D.D.S., P.A.**



Principal Place of Business

**12550 BISCAYNE BOULEVARD  
NORTH MIAMI FL 33181-2505**

Mailing Address

**12550 BISCAYNE BOULEVARD  
NORTH MIAMI FL 33181-2505**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 <b>4425 ISLAND RD</b>		08/22/1977		04/21/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEL Number		Applied For	
23 City & State		28 <b>MIAMI FL</b>		59-1809774		Not Applicable	
24 Zip		29 <b>33137</b>		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JACOBS, PAUL S, PA, ATTY 10651 W OKEECHOBEE RD, BOX 2475 HIALEAH FL 33012</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 <b>4425 ISLAND RD</b>			
				84 City			
				85 Zip Code			
				<b>MIAMI FL 33137</b>			

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

*Martin Kraidin*

(NOT E. Registered Agent Signature, required when removing)

**3-21-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAIDIN, MARTIN, DDS	1.2 NAME	
STREET ADDRESS	12550 BISCAYNE BLVD #308	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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:

*Martin Kraidin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-21-96**

**305 573**

Daytime Phone #

CR2E034 (12/95)