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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
4425 ISLAND RD
MIAMI FL 33137-3370
US



3. Date Incorporated or Qualified 08/22/1977
3a. Date of Last Report 04/04/1996

2. Principal Place of Business
21 4425 ISLAND RD
Suite, Apt. #, etc.
22 MIAMI
City & State
23 FL
Zip Country
24 33137 25 U.S.A.

2a. Mailing Address
26 4425 ISLAND RD
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
Zip Country
29 33137 30 U.S.A.

4. FEI Number 59-1809774
Applied For
Not Applicable
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

9. Name and Address of Current Registered Agent
KRAIDIN, MARTIN DDS
4425 ISLAND RD
MIAMI FL 33137

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 *Martin Kraiden* (NOTE: Registered Agent signature required when reinstating) DATE 1-23-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSD	KRAIDIN, MARTIN, DDS	12550 BISCAYNE BLVD #308	N MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PSD	KRAIDIN, MARTIN DDS	4425 ISLAND RD	MIAMI FL 33137	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: *Martin Kraiden* DATE: 1-23-97 DAYTIME PHONE: 573-3133

CR2E034 (9/96)