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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 555099 (1) 1. Corporation Name ALFRED A. BRECHER, D.D.S., P.A.					
Principal Place of Business 9825 W. SAMPLE ROAD CORAL SPRINGS FL 33065			Mailing Address 9825 W. SAMPLE ROAD CORAL SPRINGS FL 33065		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/12/1977 4. FEI Number 59-1784843 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐ 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 BRECHER, ALFRED A. D.D.S. 5471 PINE CIRCLE CORAL SPRINGS FL 33067				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 607.0002 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 _____ DATE _____ Signature: upon or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change [] Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP [] Change [] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [] Change [] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [] Change [] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [] Change [] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [] Change [] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [] Change [] Addition		

SIGNATURE: *Alfred A. Brecher* ALFRED A. BRECHER DDS 1/27/98 954-752-5560

CR2E034 (10/97)