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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

567429

(6)

Mailing Address

SANFORD M. KALTER, D.D.S., P.A.

FILED Jan 23 1998 8:00am Secretary of State



9670 GRIFFIN ROAD 9670 GRIFFIN ROAD COOPER CITY FL 33328 COOPER CITY FL 33328 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1807553 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIENSTAG, MARK 21 S.E. 1ST AVE., 8TH FLOOR Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 84 City 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 it applicable (NOTE, Registered Agent signature required hen reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition KALTER, SANFORD M NAME 1.2 NAME 9670 GRIFFIN RD STREET ADDRESS 1.3 STREET ADDRESS COOPER CITY FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition PHYLLIS, KALTER NAME 2.2 NAME 9670 GRIFFIN RD STREET ADDRESS 2.3 STREET ADDRESS COOPER CITY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DEŁ ETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$T - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 8.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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.

IN Cally IDOSPA OIDRISANFORD M. KALTER DOS PA 1/3/98 954 434 VTOO **SIGNATURE**

CR2E034