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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1330 STEO10

1. Corporation	MENT # 575916 AS R. DAVIDOFF, D.D.S., P	\-/			
Principal Place of Business 6910 LAKE WORTH RD. LAKE WORTH FL 33467		Mailing Address 209 TURNBERRY CT N ATLANTIS FL 33462 US			01/12 01/01/ 0 /00/ 01/01/ 01/01/ 01/01/ 01/01/ 01/01/
				3. Date incorporated or Qualified 3a. Date of Last Report 06/15/1978 04/21/1995	
2. Prinopal Pla	ace of Business	2a. Mailing Address		4. FEI Number	V4/2 / 1993 Applied For
21		26		59-1833134	Not Applicable
Suite, Apt. : 22]		Suite, Apt. #, etc	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	·	City & State	- 	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
7ip [24]	Country	Zip [29]	Country 30	8. This corporation has liability for in Florida Statutes Yes	□No
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
DAVIDOFF, THOMAS R. 6910 LAKE WORTH RD.			82 Street Add	ress (P.O. Box Number is Not Acceptable	0)
				The state of the s	
LAKE W	ORTH FL 33467		83		
			84 City		FI 85 Zip Code
SIGNATURE	h, and accept the obligations of, Sections Signal are typed or protect name of registered against OF FICERS AND PD	and title if applicable (No.	i't Rogelere I Agent syndam regare 13. 1.1 THE	ration submits this statement for the purp rd of directors. Thereby accept the appo I when remodating? ADDITIONS/CHANGES TO OFFIC	DATE
NAM: STREET ADDRESS CITY - ST - ZIP	DAVIDOFF, THOMAS R. 6910 LAKE WORTH RD LAKE WORTH FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CHY+ST+ZIP		Charge Audition
THE NAME STREET ADDRESS OUTY-SE-ZIP		DELETE	2 1 TITLE 22 NAME 23 STHEET ADDRESS 24 OFFY - ST- ZIP		Change Add-tion
THEF NAME STHEFF ADDRESS CHY-ST-ZIP		□ DETETE	3 3 THLE 32 NAME 33 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		☐ D£LĒTE	3 4 GHY ST-ZAP 4 1 HILE 4 2 NAME 4 3 STREEL ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		[] DELFIE	4.4 CHY - ST-ZIP 5.1 THLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP THE NAME STREET ADDRESS CITY ST-ZIP		☐ DELETE	5 4 CHY - ST-7IF 6 1 THE 6 2 NAME 63 STREET AUDRESS 5 4 CHY - ST-7IF		Change Addition

centry that the information indicated on this agreement or supplementar across 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 of the receiver or trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an artachnied with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 (40)7418418