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1997

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575916

(2)

THOMAS R. DAVIDOFF, D.D.S., P.A.

	1.5		1				#48 IF #1811 WIBIT #1811 #1817	
Principal Place of Business Mailing Address								
6910 LAKE WO LAKE WORTH			209 TURNBERRY CT N ATLANTIS FL 33462-1028					
05						3. Date incorporated or Qualified 06/15/1978	3a. Date of Last R 04/15/1996	leport
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	·	oplied For
21		26				59-1833134		ot Applicable
Suite, Apt	#, etc.	<u>├</u>	pt. #, etc.			6. Certificate of Status Desired		Additional
22		27						equired
City & State	e e	City & Si	tate			Election Campaign Financing Trust Fund Contribution		May Be
23] Zip	Country	28 Zip	· · · · · · · · · · · · · · · · · · ·	Coun	Inv	8. This corporation has liability for it		to Fees
24	25	29		30	,		Yes No	. 199.032,
£4	9. Name and Address of Cui		ent	130		10. Name and Address of New Reg		
DAV	DOFF, THOMAS R.			8	11 Name			
	O LAKE WORTH RD.			-	Street Ad	dress (P.O. Box Number is Not Acceptab	Jol.	
	E WORTH FL 33467				Street Ad	dress (P.O. Box Number is Not Acceptab	16)	
L L L L				8	33			
				1	34 City		FL 85 Zip	Code
11 Purcuant	to the provisions of Sections 607	0502 and 607 1508	Florida Statu	tes the abo		progration submits this statement for the p		ts registered
office or r	egistered agent, or both, in the S	tate of Florida, Such	change was	authorized	by the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	ot the appointment as	registered
agent. Fa	im raminar wari, and accept the or	onganions or, Section	007.0303, F	ionoa statu	165.			
SIGNATURE	Signature: typed or printed name of registered	agent and title if applicable	CN)	TE Registered	Ageni signature rec	guired when reinstaling)	DATE	
SIGNATURE	Signature: typeo or printed name of registerus OFFICERS	d agent and title if applicable AND DIRECTORS	CM) i	TE: Registered .	Agent signature rec	outred when reinstaling) ADDITIONS/CHANGES TO OFFIC		RS IN 12
		AND DIRECTORS	DELETE					
12,	OFFICERS	AND DIRECTORS		13.	E		ERS AND DIRECTOR	
12. TITLE	OFFICERS PD	AND DIRECTORS		13. 1.1 T/TL 1.2 NAM	E		ERS AND DIRECTOR	
12. TITLE NAME	PD DAVIDOFF, THOMAS R.	AND DIRECTORS		13. 1.1 TOL 1.2 NAA 1.3 STR	E AE		ERS AND DIRECTOR	
12, THEE NAME STHEEL ADDRESS	PD DAVIDOFF, THOMAS R. 8910 LAKE WORTH RD	AND DIRECTORS		13. 1.1 TOL 1.2 NAA 1.3 STR	E ME EET ADDRESS (7-ST-ZIP		ERS AND DIRECTOR	Addition
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