

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **587734** (5)

1. Corporation Name

**ROBERT A. STRASSER, D.M.D., P.A.**



Principal Place of Business

Mailing Address

**3472 FOREST HILL BLVD.  
WEST PALM BEACH FL 33406**

**3472 FOREST HILL BLVD.  
WEST PALM BEACH FL 33406**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRASSER, ROBERT A.  
3472 FOREST HILL BLVD.  
WEST PALM BEACH FL 33406**

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 607.0502, Florida Statutes.

SIGNATURE

Supplemental to information on any registered agent in this statement

NOTE: Block 13, Applicable only when registered

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	STRASSER, ROBERT A.	
STREET ADDRESS	3472 FOREST HILL BLVD	
CITY, ST, ZIP	W. PALM BEACH FL	
TITLE	ST	
NAME	STRASSER, BETSY R.	
STREET ADDRESS	3472 FOREST HILL BLVD	
CITY, ST, ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST, ZIP			
21 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST, ZIP			
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST, ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST, ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST, ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST, ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Robert A. Strasser**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert A. Strasser**  
467  
4672226  
1-11-96

CR2E034 (12/95)