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 # **592656** **(3)**

1. Corporation Name
GARY H. MALOWITZ, D.D.S., P.A.

Principal Place of Business
4124 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216

Mailing Address
4124 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: **11/08/1978**
3a. Date of Last Report: **04/06/1995**

4. FEI Number: **59-1862547** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 — County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 — County 30

9. Name and Address of Current Registered Agent
MALOWITZ, GARY HAROLD
4124 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216

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 Section 607.0505(2), 15.44, 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

12. OFFICERS AND DIRECTORS

TITLE	**PD**	☐ DELETE
NAME	**MALOWITZ, GARY HAROLD**	
STREET ADDRESS	**8125 MADEIRA DR.**	
CITY-ST-ZIP	**JACKSONVILLE FL**	
TITLE	**ST**	☐ DELETE
NAME	**MALOWITZ, FERN L**	
STREET ADDRESS	**8125 MADEIRA DR**	
CITY-ST-ZIP	**JACKSONVILLE FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied within this report will not cause the total number of employees to exceed 300 persons, 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 report or supplemental information to this report, if applicable, meets or exceeds the requirements of Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or additions are reflected.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Filed

CR2E034 (12/95)