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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32216-4317**



2. Principal Place of Business		28. Mailing Address		3. Date Incorporated or Qualified 11/08/1978	3a. Date of Last Report 03/29/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-1862547		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

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. City	
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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. NAME		2.1 NAME	
3. STREET ADDRESS		3.1 STREET ADDRESS	
4. CITY - ST - ZIP		4.1 CITY - ST - ZIP	
5. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
6. NAME		6.1 NAME	
7. STREET ADDRESS		7.1 STREET ADDRESS	
8. CITY - ST - ZIP		8.1 CITY - ST - ZIP	
9. TITLE	☐ DELETE	9.1 TITLE	☐ Change ☐ Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY - ST - ZIP		12.1 CITY - ST - ZIP	
13. TITLE	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY - ST - ZIP		16.1 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 on Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 783-8763

Date

Day-Mo-Year