

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 600287 (7)
1. Corporation Name
WASSERMAN AND STEIN, D.D.S., P.A.



Principal Place of Business
2700 S W 87TH AVE
MIAMI FL 33165

Mailing Address
2700 S W 87TH AVE
MIAMI FL 33165-3242

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/13/1967	3a. Date of Last Report 03/25/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1185541	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

~~WASSERMAN, FRED~~
2700 S W 87TH ST
MIAMI FL 33165

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

LAURENCE Stein D.D.S.
2700 S.W. 87 Ave
Miami FL 33165

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, in 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 607.0503, Florida Statutes.

SIGNATURE *Laurence Stein* MB *Pres.* 2/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Sec.
NAME	WASSERMAN, FRED J	1.2 NAME	Fred J WASSERMAN DDS
STREET ADDRESS	2700 S. W. 87TH AVE	1.3 STREET ADDRESS	2700 S.W. 87 Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33165
TITLE	S	2.1 TITLE	President
NAME	STEIN, LAURENCE	2.2 NAME	Laurence Stein DDS
STREET ADDRESS	2700 S.W. 87TH AVE.	2.3 STREET ADDRESS	2700 S.W. 87 Ave
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33165
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laurence Stein* MB *Pres.* 2/20/97 (305) 221-6616

CR2E034 (9/96)