

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara S. Moxham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 PM 1:58

DOCUMENT # **600379** (2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
GERONEMUS DENTAL ASSOCIATES, P.A.

Principal Place of Business
**603 NORTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

Mailing Address
**603 NORTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/11/1968** 3a. Date of Last Report **05/01/1994**

4. FET Number **59-1213371** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 State Apt # etc

26 State Apt # etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERONEMUS, ALFRED
603 N FEDERAL HWY
HOLLYWOOD FL 33020**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GERONEMUS, CLEMENT
STREET ADDRESS	603 N FEDERAL HWY
CITY & STATE	HOLLYWOOD FL
TITLE	TD
NAME	GERONEMUS, ALFRED
STREET ADDRESS	603 N FEDERAL HWY
CITY & STATE	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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, 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 of this report in accordance with an address.

SIGNATURE: *Alfred Geronemus*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geronemus
4/13/95
305-920-6616