FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:07

DOCUMENT # **601332** (0)

1. Corporation Name
BARRY M. BECKER DDS P A

Principal Place of Business	Mailing Address
310 S. UNIVERSITY DR. PLANTATION FL 33324	310 S. UNIVERSITY DR. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/28/1969**
3a. Date of Last Report: **06/28/1994**

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

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

4. FEI Number: **59-1269294** ☐ 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

9. Name and Address of Current Registered Agent

BECKER, BARRY M
310 S UNIVERSITY DR
PLANTATION FL 33324

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BECKER,BARRY M	12 NAME	
STREET ADDRESS	310 S. UNIVERSITY DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	
TITLE	PT	21 TITLE	☐ Change ☐ Addition
NAME	BECKER,BARRY M	22 NAME	
STREET ADDRESS	310 S. UNIVERSITY DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☑ Change ☐ Addition
NAME	KAWA, LARRY	32 NAME	SD
STREET ADDRESS	310 S. UNIVERSITY DRIVE	33 STREET ADDRESS	LUCAS, ALBERT
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	310 S. UNIVERSITY DRIVE
TITLE	D	41 TITLE	PLANTATION FL 33324
NAME	FREEDMAN, DOUGLAS	42 NAME	☐ Change ☐ Addition
STREET ADDRESS	1309 S. FLAGLER DR.	43 STREET ADDRESS	FREEDMAN, DOUGLAS DELETE
CITY-ST-ZIP	W. PALM BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	STOLZENBERG, JOEL	52 NAME	
STREET ADDRESS	1309 S. FLAGLER DR.	53 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ 1/16/95 (305) 475-1177
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0232022 CP