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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	601394
ROBERT A. UCHIN, I	D.D.S., P.A.

Principal Place of Business		Mailing Address				
3037 E. COMMERCIAL BLVD.		037 E. COMMERCIAL BLVD.			19/2	
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308				ATT.		
US US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	]
	and the second of the second				09/15/1969	, ,
2. Principal Place of Business	<b>+</b>	a. Mailing Address  1			4. FEI Number	Applied For
21	26				59-1272751	Not Applicable
Suite. Apt. #, etc	<u> </u>	Suite, Apt. #, etc.			5. Certifcate of Status Desired [ ]	\$8.75 Additional   Fee Required
City & State	27	City & State				er e en '
23	28	1 '			6. Efection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	1	Country		This corporation owes the current year li	
24 25	29	1 .	1		Personal Property Tax	[   Yes [   INo
	d Address of Current Reg		,		10. Name and Address of New Registered	
140111111111111111111111111111111111111		- •	81	Name		
UCHIN, ROBERT A			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
501 S.W. 7TH AVE			100	CHECK FRANC	out the less transfer to morriscopionicy	
FT. LAUDERDALE	FL 33315		83			· · · · · · · · · · · · · · · · · · ·
			84	City		. [85] Zip Code
			04	City	F	L   S   Elp Code
office or registered agent,	or both, in the State of Flor	607.1508, Florida Statutes, rida. Such change was autho of, Section 607.0505, Florida	orized by	named corporation	iration submits this statement for the purpose on is board of directors. I hereby accept the appria	of changing its registered pintment as registered
SIGNATURE Signature typed or pe	soled name of registers a agent and list	and advantable (NOTE Re-	istined Aasi	l Signal i e region!	where the abidity of DATE	
12.	OFFICERS AND DIR		13.	.,	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE PD		[ ] DELETE	11111.6	]		[   Change
NAME UCHIN,ROBI	ert a		12 NAME	ĺ		1
STREET ADDRESS 501 S.W. 7T	H AVE		1351KEET	ACIDRESS.		Í
CITY-ST-ZIP FORT LAUD	erdale fl		14 CITY-S	· Z1F1	2000002769	90:10
TITLE <b>D</b>		[ ] DELETE	2.1 TificE	(	8000027 <b>88</b> -02/26/93	Charge Addition
NAVE UCHIN, MAF	RLENE		2.2 NAME		####150_00	****150.00
STREET ADDRESS 501 S.W. 7T			23 \$TREE I	ADDRESS	ararara 1 Ci Ci e Ci C	**************************************
CITY-ST-ZIP FORT LAUD	erdale fl		2.4 CITY-S	1-ZIP		
TITLE D		[   DELETE	3 1 1111.6			[  Change   []  Addition
NAME ALTERMAN,			3.2 NAME	}		
STREET ADDRESS 3820 SW 10			3 1 5 TREE I	ADORESS		1
CITY-ST-ZIP DAVIE FL 33	328		34 City-S	I- <b>7</b> i₽		
TITLE		[   DELETE	4 1 TITLE	1		[   Change   ["   Addition
NAME			4 2 NAME	i		
TREET ADDRESS			43\$!REE1	ADDRESS		]
ITY-ST-ZIP			4.4 CITY-S1	·7P		
DITLE		E.I DELFTE	5 1 THEF			[   Change [ ] Addition
RAME			5.2 NAME			
STREET ADDRESS			535THEET	- 1		]
CITY-ST-ZIP			54 CITY-S1	-ZF		
TITLE		[   DELETE	61THE	ļ		[]] Change []] Addition
NAME			6.2 NAME			
STREET ADDRESS			635TREE1	ATIONESS		ſ
OTT OF NO			SACOV.S	. 26:		

14. Thereby 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 togal 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: