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Feb 03 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 # 601421 (1)
1. Corporation Name
BLUMENTHAL, ROTHFIELD, AND OKLIN, D.D.S., P.A.



Principal Place of Business: 6805 PEMBROKE ROAD, PEMBROKE PINES FL 33023
Mailing Address: 6805 PEMBROKE ROAD, PEMBROKE PINES FL 33023-2620

3. Date Incorporated or Qualified: 09/23/1969
3a. Date of Last Report: 03/19/1996
4. FEI Number: 59-1274191
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21 Suite, Apt #, etc
22 City & State
23 City & State
24 Zip Country
25 Country
26 Suite, Apt #, etc
27 City & State
28 City & State
29 Zip Country
30 Country

9. Name and Address of Current Registered Agent
BLUMENTHAL, FREDERICK
6805 PEMBROKE ROAD
PEMBROKE PINES FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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
TITLE: PD
NAME: BLUMENTHAL, FREDERICK
STREET ADDRESS: 4729 JEFFERSON ST.
CITY-ST-ZIP: HOLLYWOOD FL
TITLE: VD
NAME: OKLIN, RONALD
STREET ADDRESS: 2220 NORTH 54TH AVENUE
CITY-ST-ZIP: HOLLYWOOD FL
TITLE: TD
NAME: ROTHFIELD, BENTON
STREET ADDRESS: 1021 N. VENETIAN DR.
CITY-ST-ZIP: MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: X [Signature] X 1/27/97 X 954 954 6952
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)