

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

**APPROVED
AND
FILED**

95 APR 28 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601518 (4)

1. Corporation Name

MORTON ROSENBLUTH DDS PA

Principal Place of Business

1100 N E 163 STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

1100 N E 163 STREET
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/06/1969

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1274545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1166 Kane Concourse

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Bay Harbor Island, FL

Zip

24 33154

2a. Mailing Address

26 1166 Kane Concourse

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Bay Harbor Island, FL

Zip

29 33154

Country

30

9. Name and Address of Current Registered Agent

ROSENBLUTH, MORTON
1100 N. E. 163RD STREET
NORTH MIAMI BEACH FL 33162

MORTON ROSENBLUTH, D.D.S.
1166 Kane Concourse, Suite 300
Bay Harbor Islands, Florida 33154

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

Signature, typed or printed name of registered agent and date of application

Signature, typed or printed name of registered agent and date of application

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROSENBLUTH, MORTON
STREET ADDRESS	1100 N.E. 163RD ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	S
NAME	GERONEMUS, ALFRED
STREET ADDRESS	603 N. FEDERAL HIGHWAY
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1166 Kane Concourse, Ste. 300
1.4 CITY-ST-ZIP	Bay Harbor Island, FL 33154
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(g), 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, changed, or on an attachment with an address.

SIGNATURE: X *Morton Rosenbluth* *Morton ROSENBLUTH, DDS* X 4/28/95 X 205-867-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR