FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **601636** **(4)**

1. Corporation Name

KENYON, TERSHAKOVEC, DIAZ & CANNING, M.D.S, P.A.

Principal Place of Business	Mailing Address
7000 SW 62 AVE STE 310 MIAMI FL 33143 US	7000 SW 62 AVE STE 310 MIAMI FL 33143 US

3. Date Incorporated or Qualified: **10/31/1969**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-1274116** ☐ 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

KENYON, NORMAN M
7000 SW 62 AVENUE
SUITE 310
SOUTH MIAMI FL 33143

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 reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KENYON, NORMAN M		1.2 NAME		
STREET ADDRESS	7000 S. W. 62 AVE, #310		1.3 STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL 33143		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TERSHAKOVEC, GEORGE R.		2.2 NAME		
STREET ADDRESS	7000 SW 62 AVE. #310		2.3 STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, DAVID M.D.		3.2 NAME		
STREET ADDRESS	7000 SW 62 AVE. #310		3.3 STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL 33143		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	CANNING, MICHAEL W M.D.		4.2 NAME	CANNING, W. MICHAEL MD	
STREET ADDRESS	7000 S.W. 62 AVE. #310		4.3 STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI FL 33143		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: M. Michael Canning MD 30 APR 96 (305) 665-0436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W. Michael Canning MD treasurer