

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 601730 (5)

1. Corporation Name

DE STEFANO & ZIMMERMAN, D.D.S., P.A.



Principal Place of Business

Mailing Address

1766 N E MIAMI GARDENS DRIVE
MIAMI FL 33179-5301

1766 N E MIAMI GARDENS DRIVE
MIAMI FL 33179-5301

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

ZIMMERMAN, J DDS
1776 NE MIAMI GARDENS DR
NO MIAMI BCH., FL
33179

3. Date Incorporated or Qualified

12/04/1969

3a. Date of Last Report

02/07/1995

4. FEI Number

59-1279501

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

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 607.05(1)(b) and 607.15(2)(b), 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 607.05(1)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director of the Corporation (If Registered Agent is not a Director, the Signature of the Registered Agent must be provided.)

DATE

12. OFFICERS AND DIRECTORS

1. NAME	D	☐ DELETE
2. STREET ADDRESS	DESTEFANO, HENRY	
3. CITY-STATE-ZIP	1766 NE MIA GARDENS DR	
4. TITLE	MIAMI, FL 00000	
5. NAME	PST	☐ DELETE
6. STREET ADDRESS	ZIMMERMAN, JERRY	
7. CITY-STATE-ZIP	1766 NE MIA GARDENS DR	
8. TITLE	MIAMI, FL 00000	
9. NAME		☐ DELETE
10. STREET ADDRESS		
11. CITY-STATE-ZIP		
12. NAME		☐ DELETE
13. STREET ADDRESS		
14. CITY-STATE-ZIP		
15. NAME		☐ DELETE
16. STREET ADDRESS		
17. CITY-STATE-ZIP		
18. NAME		☐ DELETE
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY ZIMMERMAN

1/16/96

305-945-7435

CR2E034 (12/95)