FILE NOW: FILING FEE AFTER MAY 1 IS $20

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 602028 (3)

1. Corporation Name
BURG, ECKSTEIN AND FLOYD, P.A.

Principal Place of Business
5481 SEMINOLE BOULEVARD
SEMINOLE FL 34642

Mailing Address
5481 SEMINOLE BOULEVARD
SEMINOLE FL 34642

3. Date Incorporated or Qualified: 04/01/1970
3a. Date of Last Report: 03/20/1995
4. FEI Number: 59-1286444 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**
WATSON, JOHN D., ESQ.
600 DISSTON CENTER
600 - 49TH STREET NORTH, SUITE A-1
ST. PETERSBURG FL 33710

10. **Name and Address of New Registered Agent**
Name: ROBERT D. BURG, D.DS.
Street Address (P.O. Box Number is Not Acceptable): 5481 Seminole BLVD
City: Seminole FL 85 Zip Code: 34642

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: Robert D. Burg DDS DATE: 2/29/96

Signature, typed or printed name of registered agent and title if applicable (NOTE: Required when registered agent changes)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BURG,ROBERT D	
STREET ADDRESS	5481 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VD	☐ DELETE
NAME	ECKSTEIN, PAUL F	
STREET ADDRESS	5481 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	STD	☐ DELETE
NAME	FLOYD, DON G	
STREET ADDRESS	5481 SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		
1.4 CITY-ST-ZIP		
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		
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)(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: Robert D. Burg DDS Robert D. Burg 2/29/96 (813) 391-0109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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